

July 22, 2014

Jared Blumenfeld Regional Administrator EPA, Region 9 NPDES/DMR, WTR-7 75 Hawthorne Street San Francisco, CA 94105-3901

Re: Discharge Monitoring Report – Second Quarter 2014 Platforms Ellen, Elly, and Eureka NPDES Permit CAG280000

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of April, May, and June 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing. Produced water is reinjected into the formation at Platforms Ellen and Eureka.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen.

Attachment 2: Attachment 2 are listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit.

Attachment 4: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Attachment 5: A chemical inventory for the drilling mud used on Well A-45 for Platform Ellen.

### **Discharge Overview**

### **Drilling Muds and Cuttings (001):**

Drilling activities were initiated with Well A-45 on March 14, 2014 for Platform Ellen and were completed on June 13, 2014. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well. There were also drilling activities on Well A-21, however there were no drilling discharges associated with this well.

A drilling mud bioassay was taken during the 0-80% well footage. There were no discharges during the 80-100% well footage. The results are in compliance and are included in the DMR.

Chemical inventory is included for the mud type used and is representative of the mud discharged (see Attachment 5).

### Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day "rate". As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) "rate", instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. There were no produced water discharges during this DMR reporting period.

### Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were 2 well treatment, completion and workover fluid jobs performed during this quarter; one at Platform Ellen and one at Platform Eureka. There was no discharge of fluids. A chemical inventory is available on request.

### Deck Drains (004):

Platform Ellen's deck drains are commingled with production and sent to Platform Elly. Platform Elly's deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

### Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

Mr. Blumenfeld July 22, 2014 Page 3 of 4

The required annual Marine Sanitation Device (MSD) inspections were completed on May 25, 2014 at Platforms Ellen and Eureka. The inspections included a chlorine test to ensure proper operation and chlorine results are included in the DMRs. The MSDs are in good condition and operating properly. Full inspection reports are available upon request (there were no exceedances).

### Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

### Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) can be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

Permit limits for chlorine applicable to the non-contact cooling water were released in the March 2014 permit modification. The new required quarterly sampling is included in the DMR. The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Mr. Blumenfeld July 22, 2014 Page 4 of 4

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

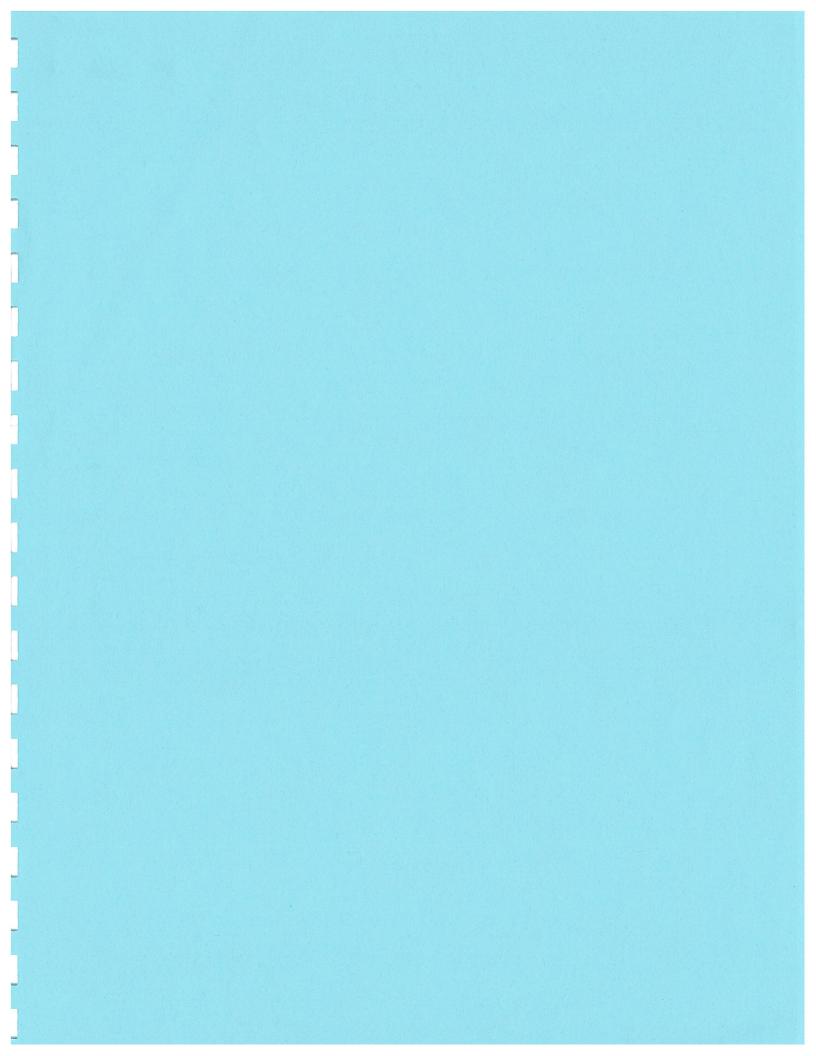
Sincerely,

Marina Robertson HSE Manager

cc (via email):

Ms. Susan Zaleski Mr. James Salmons Bureau of Safety and Environmental Enforcement 770 Paseo Camarillo Camarillo, CA 93010-6064

Ms. Alison Dettmer Manager, Energy and Ocean Resources Unit California Coastal Commission 45 Fremont, Suite 2000 San Francisco, CA 94105-2219



### Platform Ellen Attachment 1

EPA DMR PERMIT NO. CAG280000

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

### WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000	
PERMIT NO.	-

001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORII	NG PERI	OD		DRILLING FLUIDS AND DRILL CUTTINGS (001)
YR	МО	DAY	YR	MO	DAY	
Fro	om: 14	03 01		To:	14 06 30	

								NOTE: Read		ns before completin	
PARAMETER			Quantity or Lo	oading		Quality or C	Concentration			Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		1
DRILLING FLUIDS VOLUME Well # A-45	Sample Measurement		No Discharge	Barrels/							
March	Permit Requirement		Report	Well						1/well 1/day	Estimate
Well # A-45	Sample Measurement		270	Barrels/					0	1/well 1/day	Estimate
April	Permit Requirement		Report	Well						1/well 1/day	Estimate
Well # A-45	Sample Measurement		No Discharge	Barrels/							
May	Permit Requirement		Report	Well						1/well 1/day	Estimate
Well # A-45	Sample Measurement		No Discharge	Barrels/							
June	Permit Requirement		Report	Well						1/well 1/day	Estimate
Quarterly Total	Sample Measurement		0	Barrels/					0		
01/01/14 -03/31/14	Permit Requirement		Report	Quarter							
Quarterly Total	Sample Measurement		270	Barrels/					0		
04/01/14 - 06/30/14	Permit Requirement		Report	Quarter							
Annual Cumulative	Sample Measurement		270	Barrels/					0		
Volume Limit <sub>1</sub> 03/01/14 - 02/28/15	Permit Requirement		49,950 *	Year							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	TY OF LAW THAT THIS DOCUMEN	NT AND ALL ATTACHMENTS	WERE PREPARED UNDER		1	TELEPI	HONE	DA.	ΓE
Jim Guion		MY DIRECTION OR SUPEI PERSONNEL PROPERLY PERSON OR PERSONS V	RVISION IN ACCORDANCE WITH A GATHER AND EVALUATE THE INF WHO MANAGE THE SYSTEM, OR TO	A SYSTEM DESIGNED TO A FORMATION SUBMITTED. E THOSE PERSONS DIRECTL	ASSURE THAT QUALIFIED HASED ON MY INQUIRY OF THE Y RESPONSIBLE FOR	on. Kl	Sile	(562) 628	3-1526	07 22	2014
Executive Vice President, Chief Operating Officer		GATHERING THE INFORM BELIEF, TRUE, ACCURATI	MATION, THE INFORMATION SUBM E, AND COMPLETE, I AM AWARE	MITTED IS, TO THE BEST O	F MY KNOWLEDGE AND CANT PENALTIES FOR	Marina Robertson	n, HSE Manager				
TYPED OR PRINTED		VIOLATIONS, SEE 18 U.S.	C. & 1001 AND 33 U.S.C. & 1319. (	IBILITY OF FINE AND IMPR	STATUTES MAY INCLUDE	Signature of PRINCIPAL EXEC		Area Code	Number	MONTH/DAY/YE	4R
COMMENT AND EVEL ANATION OF ANY VIOLAT		<u> </u>	OR MAXIMUM IMPRISONMENT O	A PENTERNA WORTHS W	no o ranno)	10. 1. JEN G. AUTHONIZED AG	·-··	10000	. 10111001	1	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-45 during the months of March through June with a spud date of March 14, 2014. The well was completed on June 13, 2014.

Drilling activities also took place on Well A-21 during the month of June. There were no drilling related discharges.

' Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

\* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

From: 14 03 01

### WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO.

001 DISCHARGE NO.

To: 14 06 30

Approved Form OMB No. 2000-0015

### Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

DRILLING FLUIDS AND DRILL CUTTINGS (001) MONITORING PERIOD МО DAY YR MO DAY YR

- Ut. - - Concentration

NOTE: Read instructions before completing this form. NO Frequency

	A Parking superior		Quantity or Lo	ading		Quality or C	Concentration			Frequency Analysis	Sample Type	
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units				
DRILL CUTTINGS VOLUME  Well # A-45	Sample Measurement		No Discharge	Barrels/						1/well	Estimate	
March - April	Permit Requirement		Report	Month						1/day	Grab	
Well # A-45	Sample Measurement		No Discharge	Barrels/						1/well	Estimate	
May	Permit Requirement		Report	Month						1/day	Grab	
Well # A-45	Sample Measurement		No Discharge	Barrels/						1/well	Estimate	
June	Permit Requirement		Report	Month						1/day	Grab	
Annual Cumulative	Sample Measurement		0	Barrels/					0			
Volume Limit <sub>1</sub> 03/01/14 - 02/28/15	Permit Requirement		18,150 *	Year				# Days				
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement					No Discharge	e	Sheen		1/well	Visual	
March	Permit Requirement				Negative Static	Sheen Test/Free Oi	11			1/day 1/well	Visual Visual	
Waldi	Sample Measurement				Negative Static Sheen Test/Free Oil  Negative Static Sheen Test/Free Oil		# Days Sheen Observed	0	1/day 1/well	Visual Visual		
April	Permit Requirement								1/day	Visual		
Д	Sample Measurement					No Discharg	<u>je</u>	# Days Sheen Observed		1/well	Visual	
May - June	Permit Requirement				Negative Static	Sheen Test/Free O	vil			1/day	Visual ATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			ALTY OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMENT	NTS WERE PREPARED UNDER		A	TELEPH	HOINE	<u> </u>	**************************************	
Jim Guion		PERSONNEL PROPERI	LY GATHER AND EVALUATE THE II	NFORMATION SUBMITTEE	D. BASED ON MY INQUIRY OF TH CILY RESPONSIBLE FOR T OF MY KNOWLEDGE AND	M.Kor	ale	(562) 628	3-1526	07 22	2014	
Executive Vice President, Chief Operating Officer		GATHERING THE INFO BELIEF, TRUE, ACCUR SUBMITTING FALSE IN	RMATION, THE INFORMATION SU ATE, AND COMPLETE. I AM AWAR FORMATION INCLUDING THE POS	RE THAT THERE ARE SIGN SSIBILITY OF FINE AND IN	IFICANT PENALTIES FOR	Marina Roberts	on, HSE Manager	Area		MONTH/DAY/Y	ÆAR	
TYPED OR PRINTED		l .	J.S.C. & 1001 AND 33 U.S.C. & 1319 AND OR MAXIMUM IMPRISONMEN		ESE STATUTES MAY INCLUDE S AND 5 YEARS)	OFFICER or AUTHORIZED		1	Number			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-45 during the months of March through June with a spud date of March 14, 2014. The well was completed on June 13, 2014.

Drilling activities also took place on Well A-21 during the month of June. There were no drilling related discharges.

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

<sup>\*</sup> The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

### WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000
PERMIT NO.

001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	G PER	IOD		DRILLING FLUIDS AND DRILL CUTTINGS (001)
YR	MO	DAY	YR	MO	DAY	
Fr	om: 14	03 01		To: 14	06 30	

NOTE: Read instructions before completing this form.

			oading	Quality or Concentration			Frequency Analysis	Sample Type
	Average	Maximum	Units	Maximum	Units		·	,
Sample Measurement				> 10%	% by	0	(0-80%) Well Footage	Grab
Permit Requirement				LC50 > 3% SPP	Volume			Grab
Sample Measurement				N/A	% by			
Permit Requirement				LC50 > 3% SPP	Volume		(80-100%) Well Footage	Grab
Sample Measurement					mg / kg			
Permit Requirement				1 mg / kg			Stock Barite	Grab
Sample Measurement				N/A	mg / kg			
Permit Requirement				3 mg / kg			Stock Barite	Grab
Sample Measurement				See attachment 5			Each Mud System	
Permit Requirement				Report			System	
Sample Measurement				1		0	Each	
Permit Requirement				Report			# Days Each	
				No Discharge		0	N/A	
or cuttings				No Discharge			N/A	
	I CERTIFY UNDER PENALT MY DIRECTION OR SUPER PERSONNEL PROPERLY O	Y OF LAW THAT THIS DOCUME VISION IN ACCORDANCE WITH SATHER AND EVALUATE THE IN	NT AND ALL ATTACHMENTS W A SYSTEM DESIGNED TO AS FORMATION SUBMITTED. BAS	WERE PREPARED UNDER SURE THAT QUALIFIED SED ON MY INQUIRY OF TIPE				
	PERSON OR PERSONS WI GATHERING THE INFORM BELIEF, TRUE, ACCURATE	HO MANAGE THE SYSTEM, OR ATION, THE INFORMATION SUB I, AND COMPLETE: I AM AWARE	THOSE PERSONS DIRECTLY MITTED IS, TO THE BEST OF THAT THERE ARE SIGNIFICA	RESPONSIBLE FOR MY KNOWLEDGE AND INT PENALTIES FOR  Marina Robertson, HSE Manager	(562) 628	-1526	07 22	2014
	SUBMITTING FALSE INFO	RMATION INCLUDING THE POSS C. & 1001 AND 33 U.S.C. & 1319.	SIBILITY OF FINE AND IMPRIS	COMMENT FOR KNOWING STATUTES MAY INCLUDE Signature of PRINCIPAL EXECUTIVE	Area		MONTH/DAY/YEAR	
	Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Permit Requirement Requirement Requirement Sample Measurement Permit Requirement Requirement Requirement	Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Sample Measurement Permit Requirement	Measurement Permit Requirement Sample Measurement S	Measurement Permit Requirement Sample Sampl	Measurement Permit Requirement Sample Measurement Permit Requirement Requirement  LC50 > 3% SPP  LC50 > 3% SPP  N / A  Permit Requirement N / A  Permit Requirement N / A  Permit Requirement Sample Measurement Permit Requirement Requirement Requirement Requirement Sample Measurement Requirement Requireme	Measurement   Permit   Requirement   LC50 > 3% SPP   Volume	Measurement   Permit   Requirement   LC50 > 3% SPP   Volume	Measurement

<sup>&</sup>lt;sup>1</sup> There were no discharges during the 80-100% well footage (N/A).

<sup>&</sup>lt;sup>2</sup> No barite was used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 002 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

ſ		МО	NITORIN	IG PER	OD		
İ	YR	MO	DAY	YR	MO	DAY	
١	Fr	om: 14 (	04 01		To: 14	06 30	

PRODUCED WATER (002) (Commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Co	oncentration		NO. EX.	Frequency Analysis	Sample Type
PARAIVIETER		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PRODUCED WATER Flow Rate	Sample Measurement	0		Monthly Average							
April - June	Permit Requirement			bbl/Day						1/day	Estimate
April - June QUARTERLY AVERAGE Volume		0		Quarterly Average bbl/Day							
				DOI/Day						1/quarter	Estimate
ANNUAL CUMULATIVE 1 Volume	Sample Measurement		0	Barrels/							
03/01/14 - 02/28/15	Permit 1 Requirement		10,950,000	Year							
PRODUCED WATER Oil & Grease	Sample Measurement					N/A	N/A				
	Permit Requirement					29.0	42.0	mg/L		1/week	Grab
								_			
						4-11-2-1					
				_							
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				_				4			
		15.4.4					<u> </u>	TELEP	HONE	D	ATE
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER	1	OF LAW THAT THIS DOCUMENTSION IN ACCORDANCE WITH A ATHER AND EVALUATE THE INF		WERE PREPARED UNDER SSURE THAT QUALIFIED ASED ON MY INQUIRY OF THE	m The	te				
Jim Guion Executive Vice President,		PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND			RESPONSIBLE FOR	Marina Robertson	(562) 628	8-1526	07 22	2014	
Chief Operating Officer		BELIEF, TRUE, ACCURATE, SUBMITTING FALSE INFOR	MATION INCLUDING THE POSS	THAT THERE ARE SIGNIFIC	SONMENT FOR KNOWING STATUTES MAY INCLUDE			Area		MONTH	DAY/YEAR
TYPED OR PRINTED		1	. & 1001 AND 33 U.S.C. & 1319. OR MAXIMUM IMPRISONMENT (			19		Code Number			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: There was no produced water discharge at Platform Ellen. All produced water for the quarter sent to Elly for processing, then back to Ellen and injected.

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 003 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

Jim Guion

Executive Vice President, Chief Operating Officer

TYPED OR PRINTED

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	IG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
Fr	om: 14	03 01		To: 14	06 30	

WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)
(commingled with produced water at Plt Elly

NOTE: Read instructions before completing this form.

(562) 628-1526

Number

Area

Code

Quality or Concentration NO. Frequency Quantity or Loading EX. Analysis Type PARAMETER Maximum Units Average Maximum Units Minimum Average WELL TREATMENT, COMPLETION Sample N/A Barrels / AND WORKOVER FLUIDS 1 Measurement Job FLOW Permit March Requirement Report Sample N/A Barrels / Measurement Job Permit April - June Report Requirement WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1 MONTHLY DAILY OIL AND GREASE AVERAGE MAXIMUM Sample N/A N/A Measurement mg/L Permit 29.0 42.0 Grab March 1/job Requirement Sample N/A N/A Measurement mg/L Permit 29.0 42.0 1/job Grab April - June Requirement TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE

FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)

22 2014

MONTH/DAY/YEAR

Marina Robertson, HSE Manager

Signature of PRINCIPAL EXECUTIVE

OFFICER or AUTHORIZED AGENT

<sup>&</sup>lt;sup>1</sup> When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR). N / A: No WTCF discharged during this DMR period.

### DISCHARGE MONITORING REPORT (DMR)

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

CAG280000 PERMIT NO. 003 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MONITORING PERIOD											
YR	YR MO DAY YR MO DAY											
	From:	14 03	01		To:	14 06	30					

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

(commingled with produced water at Plt Elly)
NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Loa	ding		Quality or C	oncentration			Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		7,1
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1	Sample Measurement		1	Number							
March	Permit Requirement		Report	of jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1	Sample Measurement		0	Number							
April - June	Permit Requirement		Report	of jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1 STATIC	Sample Measurement					N/A		# Times			
SHEEN March	Permit Requirement				Negative Static S	heen Test - # Times	s observed-None	Sheen Observed		1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1 STATIC	Sample Measurement					N/A		# Times			
SHEEN April - June	Permit Requirement				Negative Static S	heen Test - # Times	s observed-None	Sheen Observed		1/discharge	List
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement					N/A					
Chemical Inventory March	Permit Requirement					Report				1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCUMENT A	IND ALL ATTACHMENTS WE	RE PREPARED UNDER		1	TELEPHONE	<u> </u>	DATE	
Jim Guion Executive Vice President.		PERSONNEL PROPERLY GA	VISION IN ACCORDANCE WITH A S' ATHER AND EVALUATE THE INFORM NO MANAGE THE SYSTEM, OR THO ACTION, THE INFORMATION SUBMIT!	MATION SUBMITTED, BASED SE PERSONS DIRECTLY RE	RE THAT QUALIFIED  ON MY INQUIRY OF THE  SPONSIBLE FOR	M. W	Web	(562) 628	-1526	07 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE,	AND COMPLETE, I AM AWARE THE	AT THERE ARE SIGNIFICANT	PENALTIES FOR	Marina Robertsor	n, HSE Manager				
TYPED OR PRINTED		VIOLATIONS, SEE 18 U.S.C. FINES UP TO \$10,000 AND C	. & 1001 AND 33 U.S.C. & 1319. (PEI DR MAXIMUM IMPRISONMENT OF E	NALTIES UNDER THESE STA BETWEEN 5 MONTHS AND 5	i	Signature of PRINCIPAL E		Area Code Number		MONTH/DAY/YEAF	

<sup>&</sup>lt;sup>1</sup> When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR). N / A: A job was performed on Well A-45 in March, however no fluids were discharged. A chemical inventory is available on request.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 004 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MONITORING PERIOD									
YR	МО	DAY	YR	MO	DAY					
	From: 1	4 04 01		To: 14	06 30					

DECK DRAINAGE (004)

(commingled with produced water at Plt Elly)

-OCATION: 33° 34′ 56.5″LAT., 118° (	)/ 41.6 LONG.		From.	14 04 01	10.	14 00 30	J	NOTE: Book	lineteretio	ns before completing	a this form
			Quantity or Loa	ading		Quality or Co	oncentration	NOTE, Read	NO.	Frequency Analysis	Sample Type
PARAMETER			Average	Units	Minimum	Average	Maximum	Units		, wayoro	.,,,,
DECK DRAINAGE	Sample	man i zavrejste sa.	Average	Mo. Avg.	elaturalentikojo karist		- State At 1994 to at		15.0750		
OLUME-FLOW RATE 1	Measurement		N/A	bbl/day							
OLOME TEOM TO TE	Permit			1	endikkakuer				0.6400	1/month	Estimate
April	Requirement		Report								
	Sample	Jane 1914		Mo. Avg.		SERVICE SERVICE					
	Measurement		N/A	bbl/day					1100000		F-111
	Permit		15/48/2015/2014(5)							1/month	Estimate
May	Requirement		Report						14.17 (4.5)		
	Sample	National Control		Mo. Avg.							
	Measurement		N/A	bbl/day			g la d'Alberta (d. 1924) (d'Alberta) La companya (de Alberta)			1/month	Estimate
_	Permit									i/iiionui	
June	Requirement	127-1015	Report			en e	<u>ang panggangan ag panggan ang pang</u> Panggangan	100 A 10 101 A	1		24574444
	12/20/20/20/20/20/20 20/20/20/20/20/20/20/20/20/20/20/20/20/2	arthebras brightness		4		anger government anderson					gerajak julija
DECK DRAINAGE	Sample										
REE OIL	Measurement		N/A	」 # Days		N/A				441	A Committee
	Permit			Sheen	Foreschild					1/day	Visual -
April	Requirement		No Sheen	Observed	No free oil/visua	I sheen on the receivi	ng water.				Dayligh
	Sample										
	Measurement		N/A	# Days		N/A				1/day	Visual -
	Permit			Sheen		al sheen on the receivi				iruay	Dayligh
May	Requirement		No Sheen	Observed	No tree oli/visua	il sneen on the receivi	ing water.		e di salah salah Salah di salah salah		Dayingii
	Sample		N/A	# Days		N/A					
	Measurement	gyverantidaggjalnde	o Pagasala IN / A Data	Sheen	1 250, 37 20 30 30 30 30 30 30 30 30 30 30 30 30 30	anga sa at va a kasaran Sa manakasa			d in the	1/day	Visual
June	Permit		No Sheen		No free oil/visua	al sheen on the receiv	ing water.				Dayligh
JUNE  JAME/TITLE PRINCIPAL EXECUTIVE OFFICE	Requirement	I CERTIEY LINDER PENA	LTY OF LAW THAT THIS DOCUMENT				- Comp	TELEPH	ONE	DATE	
IAME/TITLE PRINCIPAL EXECUTIVE OF TO	-11	┪	ERVISION IN ACCORDANCE WITH A	SYSTEM DESIGNED TO ASS	URE THAT QUALIFIED	1.61					
			Y GATHER AND EVALUATE THE INFO	RMATION SUBMITTED. BASE	ED ON MY INQUIRY OF THE	1M 1.16	evis				
Jim Guion		PERSON OR PERSONS	WHO MANAGE THE SYSTEM, OR TH	IOSE PERSONS DIRECTLY R	ESPONSIBLE FOR	IM. 6		(562) 62	28-1526	6 07 22	2014
Executive Vice President,		GATHERING THE INFOR	RMATION, THE INFORMATION SUBMI	ITTED IS, TO THE BEST OF M	Y KNOWLEDGE AND	Ť					
Chief Operating Officer		BELIEF, TRUE, ACCURA	ITE, AND COMPLETE. I AM AWARE T	HAT THERE ARE SIGNIFICAN	IT PENALTIES FOR	Marina Robertsor	n, HSE Manager				
		SUBMITTING FALSE INF	FORMATION INCLUDING THE POSSI	BILITY OF FINE AND IMPRISO	NIMENT FOR KNOWING					1101	> A > / O / E A D
		VIOLATIONS, SEE 18 U.	S.C. & 1001 AND 33 U.S.C. & 1319. (F	PENALTIES UNDER THESE ST	TATUTES MAY INCLUDE	Signature of PRINCIPAL E		Area		MONTH/L	DAY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AP	NO OR MAXIMUM IMPRISONMENT OF	BETWEEN 6 MONTHS AND	5 YEARS)	OFFICER or AUTHORIZE	D AGENT	Code	Number		

<sup>&</sup>lt;sup>1</sup> Deck drain volumes are commingled with production and not discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

CAG280000 PERMIT NO.

005 DISCHARGE NO.

Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORI	NG PER	OD		
YR	MO	DAY	YR	MO	DAY	
F	rom: 14	04 01		To: 14	4 06 30	

SANITARY & DOMESTIC WASTES (005)

( Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

DADAMETED			Quantity or L	oading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		
SANITARY WASTE 1	Sample								0	1/day	Estimate
FLOW RATE	Measurement	82.0		Monthly						1/month	Estimate
A	Permit	Report		Average bbl/day							
April	Requirement Sample	Кероп		bbirday	Anthuise un un führe			Personal America		1/day	Estimate
	Measurement	74.0		Monthly					0		
	Permit		sükelekerekerikek	Average	we ilifere entité.				l Baras	1/month	Estimate
May	Requirement	Report		bbl/day							F-tit-
	Sample		<b>高级数据的</b>						0	1/day	Estimate
	Measurement	80.0		Monthly					- <u>'</u>	1/month	Estimate
	Permit			Average						1/11101101	Louinate
June	Requirement	Report	Editor Address (A)	bbl/day		Bartisti el tria engla di la		erea trefelali		1/day	Visual -
SANITARY WASTES	Sample		0	# days	No foam or floating	g solids in the receivir	ng waters.		0		Daylight
FOAM & FLOATING SOLIDS	Measurement		<del>                                     </del>	observed	Tto roam or mount	9				1/day	Visual -
April	Permit Requirement		None	Observed	No foam or floating	g solids in the receivir	ng waters.			해 사 당	Daylight
Aprii	Sample	- Market and the State of	110.10	<del> </del>		9		Saudre (196)		1/day	Visual -
	Measurement		0	# days	No foam or floatin	g solids in the receivir	ng waters.		0		Daylight
	Permit	Maria Paristra		observed						1/day	Visual -
May	Requirement		None		No foam or floatin	g solids in the receivir	ng waters.		i wanan	1/day	Daylight Visual -
	Sample			1					0	1/day	Daylight
	Measurement		0	# days	No foam or floatin	g solids in the receivir	ng waters.		1	1/day	Visual -
June	Permit Requirement		None	observed	No foam or floatin	g solids in the receiving	ng waters.				Daylight
Suite			HARON RESIDE								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	TY OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHMENT	S WERE PREPARED UNDER		4	TELEPHON	1E	DATE	
		MY DIRECTION OR SUPE	RVISION IN ACCORDANCE WIT	H A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	hu 9/1.	alu -				
		PERSONNEL PROPERLY	GATHER AND EVALUATE THE	INFORMATION SUBMITTED.	BASED ON MY INQUIRY OF THE	111.60		(562) 62	8-1526	07 22	2014
Jim Guion		PERSON OR PERSONS V	WHO MANAGE THE SYSTEM, O	R THOSE PERSONS DIRECT	LY RESPONSIBLE FOR			(002) 02	0 .020	0	
Executive Vice President,		GATHERING THE INFOR	MATION, THE INFORMATION SU	JBMITTED IS, TO THE BEST	OF MY KNOWLEDGE AND	Marina Robertso	n. HSE Manager				
Chief Operating Officer		BELIEF, TRUE, ACCURAT	E, AND COMPLETE. I AM AWAI	RE THAT THERE ARE SIGNIF	RISONMENT FOR KNOWING	III.GITTIG T (ODOT 100	,				
		VIOLATIONS SEE 19119	C & 1001 AND 33 U.S.C. & 131	9. (PENALTIES UNDER THE	SE STATUTES MAY INCLUDE	Signature of PRINCIPAL	EXECUTIVE	Area		MONTH/	DAY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AND	D OR MAXIMUM IMPRISONMEN			OFFICER or AUTHORIZE		Code	Number		
I I LED OK EVINTED		1									

<sup>&</sup>lt;sup>1</sup> Sanitary includes restroom sinks, showers and toilets.

### **DISCHARGE MONITORING REPORT (DMR)**

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

CAG280000 PERMIT NO. 005 DISCHARGE NO. Approved Form OMB No. 2000-0015

### Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	IG PERI	IOD		
YR	MO	DAY	YR	MO	DAY	
F	rom: 14	04 01		To: 14	06 30	

### SANITARY & DOMESTIC WASTES (005)

(Domestic waste commingled with produced water at Elly)

NOTE: Read	instructions	before completing	this form

DADAMETED			Quantity or L	oading		Quality or Co	oncentration		NO.	Frequency Analysis	Sample Type
PARAMETER		Average		T	Minimum	Average	Maximum	Units		, , , , , , , , , , , , , , , , , , , ,	,
SANITARY WASTE RESIDUAL CHLORINE 1,2	Sample Measurement				N/A	N/A	N/A		0		
April	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				2.17	N/A	2.17		0	Monthly	Grab
May	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				N/A	N/A	N/A		0		
June	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE	Sample Measurement	N/A		Monthly						1/day	Estimate
April - June	Permit Requirement	Report		Average bbl/day						1/month	Estimate
DOMESTIC WASTES FOAM & FLOATING SOLIDS	Sample Measurement		N/A	# days		N/A				1/day	Visual - Daylight
April - June	Permit Requirement		None	observed	No foam or floatin	ng solids in the receivi	ng waters.			1/day	Visual - Daylight
	francis of practices			1							
						Г		TELEPHON		DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		MY DIRECTION OR SUPE	TY OF LAW THAT THIS DOCUI RVISION IN ACCORDANCE WI GATHER AND EVALUATE THE	ITH A SYSTEM DESIGNED TO		M 720	at	TELEPHON	IE.	DATE	
Jim Guion Executive Vice President,		Į.	VHO MANAGE THE SYSTEM, C		'LY RESPONSIBLE FOR OF MY KNOWLEDGE AND	111.	1105.11	(562) 628	8-1526	07 22	2014
Chief Operating Officer		SUBMITTING FALSE INFO	E, AND COMPLETE. FAM AWA	ARE THAT THERE ARE SIGNIF OSSIBILITY OF FINE AND IMP	FICANT PENALTIES FOR PRISONMENT FOR KNOWING THE STATUTES MAY INCLUDE	Marina Robertsor		Area		MONTH/I	DAY/YEAR
TYPED OR PRINTED		1	.C. & 1001 AND 33 U.S.C. & 13 OR MAXIMUM IMPRISONME			OFFICER or AUTHORIZE		1	Number		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>2</sup> The chlorine residual result reported in May was taken as part of the annual Marine Sanitation Device (MSD) inspection.

N / A: Domestic laundry water is commingled with production and sent to Platform Elly for injection at Ellen (refer to Plt. Ellen DMR).

<sup>&</sup>lt;sup>1</sup> The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

### DISCHARGE MONITORING REPORT (DMR)

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

CAG280000 PERMIT NO. 008 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	IG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
F	rom: 14	04 01		To: 1	4 06 30	

FIRE CONTROL WATER (008) (commingled with deck drains)

_OCATION: 33° 34′ 56.5″LAT., 118° 07′ 41.6′	"LONG.	Ĺ	From:	14 04 01	10:	14 06 30	J	NOTE: Pead inc	tructions t	efore completing th	is form
PARAMETER			Quantity or L	oading.		Quality or C	oncentration	NOTE. Read in	NO.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM	Sample										Visual -
TEST WATER (008) - FOAM,	Measurement		N/A	# Days		N/A			0	1/day	Daylight
LOATING SOLIDS	Permit	es expertênciasî.		Observed	No floating solids in the re	eceiving water.					Visual -
April	Requirement		None		No foam, in other than tra	ace amounts, in the receiving	g water.	The State of the S	-110	1/day	Daylight
	Sample							Late Hilliam			Visual -
	Measurement		N/A	# Days		N/A			0	1/day	Daylight
	Permit			Observed	No floating solids in the r	eceiving water.					Visual -
May	Requirement		None		No foam, in other than tr	ace amounts, in the receivir	g water.			1/day	Daylight
	Sample							laneville.			Visual -
	Measurement		N/A	# Days		N/A			0	1/day	Daylight
	Permit	atagian grafike.		Observed	No floating solids in the r	ecelving water.			100		Visual -
June	Requirement		None		No foam, in other than tr	ace amounts, in the receiving			100	1/day	Daylight
						Monthly Average	Daily Maximum				
FIRE CONTROL SYSTEM	Sample	Albertanis (1991)	er para seprograma	a a endaditions	- Miller of the first in the						l
TEST WATER (008) CHLORINE	Measurement					N/A	N/A	ug/L	0	1/month	Grab
TEST WATER (000) STILLSTAND	Permit	gereko zuena dirigio	Augustine Description								
April - June	Requirement					N/A	N/A			1/month	Grab
	Sample	administration state		a laningiyata	of participation of the partic						
	Measurement							4	11 11000		FOR A BACKBARK
	Permit			g stighteday							
	Requirement						fil grind Daye Min Arrana	A Statistical Action	7445450		
FIRE CONTROL SYSTEM TEST WATER	Sample	STATE NO.				AL / A				1/month	List
Chemical Inventory	Measurement					N/A				- month	
April - June	Permit Requirement					Report				1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	-L	I CERTIFY UNDER PENAL	TY OF LAW THAT THIS DOCU	MENT AND ALL ATTACHMEN	ITS WERE PREPARED UNDER		2	TELEPHON	<u> </u>	DATE	
Transaction (All Control of Contr		MY DIRECTION OR SUPEI	RVISION IN ACCORDANCE WI	ITH A SYSTEM DESIGNED TO	O ASSURE THAT QUALIFIED	Lat 6 1/2					
		PERSONNEL PROPERLY	GATHER AND EVALUATE THE	INFORMATION SUBMITTED	BASED ON MY INQUIRY OF THE	18M. KXX	W	(560) 600	1506	07 22	2014
Jim Guion		PERSON OR PERSONS V	VHO MANAGE THE SYSTEM, C	OR THOSE PERSONS DIREC	TLY RESPONSIBLE FOR			(562) 628	0-1020	0/ 22	2014
Executive Vice President,		GATHERING THE INFORM	MATION, THE INFORMATION S	SUBMITTED IS, TO THE BEST	FOF MY KNOWLEDGE AND	Maria Dahada	- UCE Monores				
Chief Operating Officer		BELIEF, TRUE, ACCURAT	E, AND COMPLETE, I AM AWA	ARE THAT THERE ARE SIGN	FICANT PENALTIES FOR	Marina Robertso	n, HSE Manager	-			
-	41004	SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISO						1		MONTH/DAY/Y	/FAR
		i .	.C. & 1001 AND 33 U.S.C. & 13			Signature of PRINCIPAL		Area Code N	Number Number		L. 11 \
TYPED OR PRINTED		FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONME	NT OF BETWEEN 6 MONTHS	S AND 5 YEARS)	OFFICER or AUTHORIZ	ED AGENT	Tooge IV	annon		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water at Platform Elly and is injected at Ellen. The firewater is not chlorinated or chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 009 DISCHARGE NO. Approved Form OMB No. 2000-0015

### Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	G PER	OD		
YR	MO	DAY	YR	МО	DAY	
Fr	om: 14	04 01		To: 1	4 06 30	

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

OCATION: 33° 34' 56.5"LAT., 118° 07' 41.6								NOTE: Read i		ns before completir	
PARAMETER			Quantity or L	oading		Quality or 0	Concentration	T	NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
ON-CONTACT COOLING WATER (009)	Sample Measurement		36,000	Barrels/					0	1/month	Estimate
LOW VOLUME April	Permit Requirement		Report	Day						1/month	Estimate
	Sample Measurement		36,000	Barrels/					0	1/month	Estimate
May	Permit Requirement		Report	Day						1/month	Estimate
	Sample Measurement		36,000	Barrels/					0	1/month	Estimate
June	Permit Requirement		Report	Day						1/month	Estimate Visual -
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER	Sample Measurement		0	# Days	No floating solids in the No foam in the receiving	g water.			0	1/day	Daylight Visual -
FOAM/FLOATING SOLIDS April	Permit Requirement		None	Observed	No floating solids in the No foam in the receiving	g water.				1/day	Daylight Visual -
	Sample Measurement		0	# Days	No floating solids in the	g water.			0	1/day	Daylight Visual -
Мау	Permit Requirement		None	Observed	No floating solids in the	g water.				1/day	Daylight Visual -
	Sample Measurement		0	# Days	No floating solids in the	g water.			0_	1/day	Daylight Visual -
June	Permit Requirement		None	Observed	No floating solids in the No foam in the receivin		a original de la Roman Alexanda.			1/day	Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		LCERTIEY UNDER PENAL	TY OF LAW THAT THIS DOCU	MENT AND ALL ATTACHMEN	TS WERE PREPARED UNDER	T ~~	·	TELEPHON	A CONTRACTOR	DATE	
Jim Guion Executive Vice President,		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS V	RVISION IN ACCORDANCE WI	THIA SYSTEM DESIGNED TO INFORMATION SUBMITTED. OR THOSE PERSONS DIRECT	D ASSURE THAT QUALIFIED  BASED ON MY INQUIRY OF THE  FLY RESPONSIBLE FOR	m.id	lat	(562) 62	8-1526	07 22	2014
Chief Operating Officer  TYPED OR PRINTED		SUBMITTING FALSE INFO	E, AND COMPLETE. I AM AWA DRMATION INCLUDING THE PO B.C. & 1001 AND 33 U.S.C. & 13 DIOR MAXIMUM IMPRISONMEI	OSSIBILITY OF FINE AND IMP	SE STATUTES MAY INCLUDE	Marina Robertson Signature of PRINCIPAL OFFICER or AUTHORIZ	EXECUTIVE	Area Code N	umber	MONTH	/DAY/YEAR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

009 DISCHARGE NO. Approved Form OMB No. 2000-0015

### Beta Platform Ellen

MONITOR	NG PERIOD	
YR MO DAY	YR MO	DAY
From: 14 04 01	To: 1	4 06 30

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

eta Platform Ellen		From: 14 04 01 To: 14				06 30						
OCATION: 33° 34' 56.5"LAT., 118° 07' 41.6	"LONG.		From:	14 04 01	10:	14 06 30	j 	NOTE: Read in	nstructions	before completing	this form.	
			Quantity or L	oading		Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
PARAMETER			T	Units	Minimum	Monthly Average	Daily Maximum	Units				
	Sample	Things to His	Average	Units	Williamorn	, , , , , , , , , , , , , , , , , , , ,				Mayortor	Grab	
ON-CONTACT COOLING WATER (009) OMBINED with EXCESS SEAWATER	Measurement					0.00039	0.00039	mg/L	0	1/quarter		
HLORINE 1	Permit					0.00583	0.0104		- Section for	1/quarter	Grab	
April - June	Requirement											
	rada Seur adalek dijiba											
									15/15/19/0   Territoria		1.855.000.655	
											A Profession	
NON-CONTACT COOLING WATER (009)					See Attack	nment #2 Chem	cal Inventory		0	1/month	List	
COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY					Report					1/month	List	
April - June												
				1								
								1				
								TELEPHO	NE	DATE		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PE	ENALTY OF LAW THAT THIS DOC	UMENT AND ALL ATTACHMS	ENTS WERE PREPARED UNDER TO ASSURE THAT QUALIFIED	1.0	TELEPHO	INC				
		PERSONNEL PROPE	RLY GATHER AND EVALUATE TH MS WHO MANAGE THE SYSTEM,	E INFORMATION SUBMITTE	ED. BASED ON MY INQUIRY OF THE	M. W	and the second	(562) 6	328-1526	07 22	2014	
Jim Guion Executive Vice President,		GATHERING THE IN	FORMATION, THE INFORMATION	SUBMITTED IS, TO THE BE	ST OF MY KNOWLEDGE AND	Marina Roberts	on, HSE Manager					
Chief Operating Officer		SUBMITTING FALSE	JRATE, AND COMPLETE. I AM AV	POSSIBILITY OF FINE AND	IMPRISONMENT FOR KNOWING	Signature of PRINCIPAL EXECUTIVE		Area		MONTH	I/DAY/YEAF	
TYPED OF PRINTED		FINES UP TO \$10,00	IONS SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)			OFFICER or AUTHORI	Code Number					
TYPED OR PRINTED  COMMENT AND EXPLANATION OF ANY VIO  1 Chlorine values reported above an	I ATION (Refer	ence all attach	ments here.)					adified Mo	roh 1 20	14 Annendix (	3.	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

019 DISCHARGE NO. Approved Form OMB No. 2000-0015

### Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD										
YR	MO	DAY	YR	MO	DAY					
F	rom: 14	04 01		To: 14	06 30					

**EXCESS CEMENT SLURRY (019)** NOTE: Read instructions before completing this form.

LOCATION, 55 54 50.5 EAT,, 110 CV			Quantity or Loa	ading		Quality or C	oncentration			Frequency Analysis	Sample Type
PARAMETER		Average		Units	Minimum	Average	Maximum	Units	201 200	l attenta, tima wakila	L. Oreintastei
EXCESS CEMENT SLURRY (019) FLOW VOLUME 1	Sample Measurement		No Discharge	Monthly							
April - June	Permit Requirement		Report	Average bbl/day						1/month	Estimate
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME 2	Sample Measurement		No Discharge	Barrels/					0		
03/01/14 - 02/28/15	Permit <sub>1</sub> Requirement		1,200 *	Year							
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL	Sample Measurement		No Discharge	# Days Sheen	No foam or flo	No Discharge	<u> </u>			1/well	Visual
FOAM, FLOATING SOLIDS April	Permit Requirement		None	Observed	No Oil  No Discharge  No foam or floating solids No Oil  No Discharge					1/day	Rec. Wate
	Sample Measurement		No Discharge							1/well	Visual
May	Permit Requirement		None	Sheen Observed						1/day	Rec. Wate
	Sample Measurement		No Discharge	# Days						1/well	Visual
June	Permit Requirement		None	Observed	No Oil	Total Solids		TELEPHO	NE	1/day DATE	Rec. Wate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		MY DIRECTION OR SUI	ALTY OF LAW THAT THIS DOCUME PERVISION IN ACCORDANCE WITH LY GATHER AND EVALUATE THE IF S WHO MANAGE THE SYSTEM, OR	HA SYSTEM DESIGNED TO NOTIFICATION SUBMITTED. I	ASSURE THAT QUALIFIED	M.V	ut	(562) 62	28-152	6 07 22	2014
Jim Guion Executive Vice President, Chief Operating Officer		GATHERING THE INFO BELIEF, TRUE, ACCUR SUBMITTING FALSE II	ORMATION, THE INFORMATION SU VATE, AND COMPLETE. I AM AWAR INFORMATION INCLUDING THE POS	BMITTED IS, TO THE BEST O BE THAT THERE ARE SIGNIF SSIBILITY OF FINE AND IMP			on, HSE Manager	Area		MONTH/DAY	YEAR
TYPED OR PRINTED		FINES UP TO \$10,000	U.S.C. & 1001 AND 33 U.S.C. & 1319 AND OR MAXIMUM IMPRISONMEN			Signature of PRINCIPA OFFICER or AUTHORI		I.	Number		

The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

<sup>&</sup>lt;sup>2</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015. The total annual cumulative volume limit is a combined lin of excess cement slurry volumes from both Platforms Ellen and Elly, as listed in the permit.

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Beta Platform Ellen

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 006,007,010,011,012,013,014 DISCHARGE NO.

MONITORING PERIOD

YR MO DAY YR MO DAY

From: 14 04 01 To: 14 06 30

Approved Form OMB No. 2000-0015

Blowout Preventer Fluids Desalination Unit

Ballast/Storage Displacement

Bilge Water

Boiler Blowdown

Test Fluids

Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

DADAMETED			Quantity or Lo	oading		Quality or Co	ncentration			Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		eral ouer ouer each
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING	Sample Measurement					No Discharge					
SOLIDS	Permit Requirement				- I	olids in the receiving water. trace amounts, in the receivir	ng water.			1/month 1/discharge	Visual Rec. Wate
April - June (007) Desalination Unit	Sample					No Discharge					
FOAM, FLOATING SOLIDS April - June	Measurement Permit Requirement				No floating solids in the receiving water.  No foam, In other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Wate
(010) Ballast/Storage Displacement Water - FLOW RATE	Sample Measurement			Monthly		No Discharge					
FREE OIL, FOAM, FLOATING SOLIDS  April - June	Permit Requirement	Report		Average bbl/day	i -	olids in the receiving water, trace amounts, in the receivi	ng water.			1/month 1/discharge	Estimate / Visual Dayligh
(011) Bilge Water FLOW RATE	Sample Measurement			Monthly		No Discharge				1/month	Estimate
April - June	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water.  No foam, in other than trace amounts, in the receiving water.					1/discharge	Latinate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS	Sample Measurement					No Discharge				1/month	Visual
April - June	Permit Requirement				No floating solids in the No foam, in other than	e receiving water. h trace amounts, in the receiving	ing water.			1/discharge	Harrist Comment
(013) Test Fluids * FLOW RATE	Sample Measurement			Monthly		No Discharge				1/month	Estimate /
FREE OIL, FOAM, FLOATING SOLIDS  April - June	Permit Requirement	Report		Average bbl/day		solids in the receiving water. In trace amounts, in the receiv	ing water.			1/discharge	The second second second
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING	Sample Measurement					No Discharge				1/month	Visual
SOLIDS April - June	Permit Requirement					solids in the receiving water.  n trace amounts, in the receiv	ring water.			1/discharge	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<b>≟</b>	TY OF LAW THAT THIS DOCUME RVISION IN ACCORDANCE WITH GATHER AND EVALUATE THE INI			m 22	ul	(562) 628		07 22	2014
Jim Guion Executive Vice President, Chief Operating Officer		PERSON OR PERSONS V GATHERING THE INFORM BELIEF, TRUE, ACCURAT	NHO MANAGE THE SYSTEM, OR MATION, THE INFORMATION SUB TE, AND COMPLETE 1 AM AWARE	THOSE PERSONS DIRECT MITTED IS, TO THE BEST THAT THERE ARE SIGNII	LY RESPONSIBLE FOR OF MY KNOWLEDGE AND FICANT PENALTIES FOR	Marina Robertson	, HSE Manager	(502) 626	J-1020	07 22	2017
Office Operating Office		SUBMITTING FALSE INFO	ORMATION INCLUDING THE POSS S.C. & 1001 AND 33 U.S.C. & 1319. D OR MAXIMUM IMPRISONMENT	SIBILITY OF FINE AND IMP (PENALTIES UNDER THE		Signature of PRINCIPAL E		Area Code N	umber	MONTH/	DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

mit

<sup>\*</sup> See Chemical Inventory, if discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

### Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

Beta Platform Ellen

CAG280000

PERMIT NO.

015, 016, 017, 018, 020, 021 DISCHARGE NO.

MONITORING PERIOD

YR MO DAY YR MO DAY

From: 14 04 01 To: 14 06 30

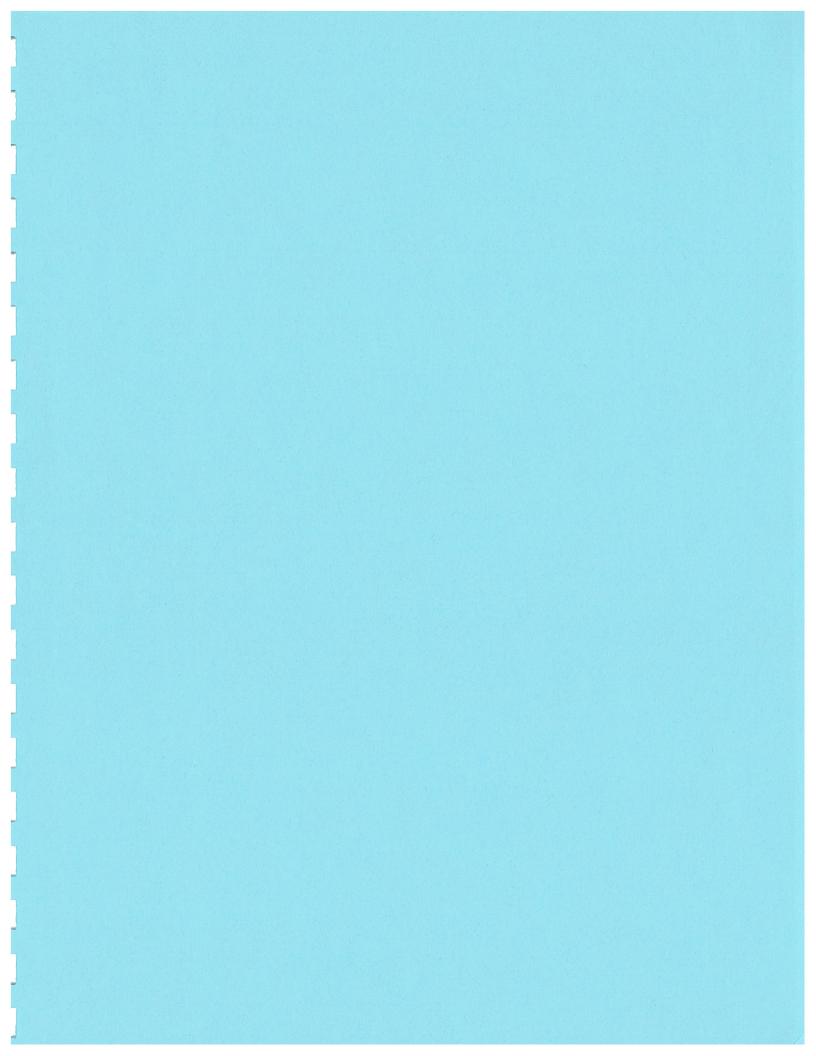
Approved Form OMB No. 2000-0015

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled w/ production)
Muds, Cuttings, Cement at Sea
Hydrotest Water
NOTE: Read instructions before completing this form.

n Platform Ellen :ATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.		From: 14 04 01 To: 1			4 06 30	_	Hydrotest Water		efore completing this	form	
OCATION: 33° 34 56.5 LAT., 116 07 4	1.0 20110.	•						NOTE: Read insti	NO	Frequency	Sample
			Quantity or Lo	oading	Quality or Concentration					1 ' ' 1	Туре
PARAMETER	-		Average	Units	Minimum	Average	Maximum	Units		1/month	Visual
115) Bulk Transfer Water Overflow	Sample	yarisan ila			No floating solids in the	receiving water.	i dog water		0	1/discharge	Rec. Wat
OAM, FLOATING SOLIDS	Measurement				No foam, in other than trace amounts, in the receiving water.  No floating solids in the receiving water.		1	10.5 July	1/month	Visual	
	Permit Requirement				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Wat
April - June 016) Uncontaminated Water <sub>1</sub>	Sample	e ned deservaciónica	Carrier States			_					
)16) Uncontaminated Water	Measurement					No Discharge		4.00		1/month	Visual
OAM, FLOATING SOLIDS	Permit	is other participation of	akaka Arthulia		No floating solids in the					1/discharge	Rec. Wat
April - June	Requirement				No foam, in other than	trace amounts, in the rece	iving water.			17GISCHAIGE	1,145,149,1519
017) Water Flooding Discharges	Sample		Carley particul	Server the Selection							
017) Water Flooding Discharges	Measurement					No Discharge				1/month	Visual
REE OIL, FOAM, FLOATING	Permit	europa de la composição				olids in the receiving wate				1/discharge	Rec. Wa
SOLIDS* April - June	Requirement					trace amounts, in the rec		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	1/month	Visual
018) Laboratory Wastes	Sample	Jak sakevitarak	Assistantintinta	Shekari k		olids in the receiving wate			0	1/discharge	Rec. Wa
REE OIL, FOAM, FLOATING	Measurement					trace amounts, in the rec			<u> </u>	1/month	Visua
SOLIDS (commingled w/ production)	Permit	Distriction and the state of th	Apartic Company			solids in the receiving wate				1/discharge	Rec. Wa
April - June	Requirement				No foam, in other than	trace amounts, in the rec	eiving water.			7,0100.119	and Sabuta
(020) Muds, Cuttings, Cement at Sea	Sample	ani destri di Aigi				N. Disabassa					
FLOOR FREE OIL, FOAM,	Measurement					No Discharge				1/month	Visua
FLOATING SOLIDS	Permit	h Byer y Henrich		Material Const.		solids in the receiving water				1/discharge	Rec. Wa
April - June	Requirement				No foam, in other than	n trace amounts, in the rec	celving water.			er to Studious	
(021) Hydrotest Water	Sample	Alekingsisk				N - Disabarga					
FLOW RATE / FREE OIL, FOAM	Measurement			Monthly		No Discharge				1/month	Estimate
FLOATING SOLIDS	Permit	444446		Average		solids in the receiving wat				1/discharge	Visual Day
April - June	Requirement	Report		bbl/day	No foam, in other that	n trace amounts, in the re-	No No	25 - Andrew Control			
(021) HYDROTEST WATER *	Sample	ASSESSED AS				Discharge	Discharge	ug/L			
CHLORINE	Measurement					Discharge				1/month	
CHECKINE	Permit	0.00 0.00				N/A	N/A			1/discharge	Grab
April - June	Requirement				[1] 2.00 (2.	18773		TELEPHON	IE	DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PEN	ALTY OF LAW THAT THIS DOCU	MENT AND ALL ATTACHME	NTS WERE PREPARED UNDER	1.00	A				
TV WILL THE TOTAL THE TOTA		MY DIRECTION OR SUR	PERVISION IN ACCORDANCE W	THE A SYSTEM DESIGNED		MP IN	.()				
		PERSONNEL PROPER	LY GATHER AND EVALUATE THE	E INFORMATION SUBMITTE	D. BASED ON MY INQUIRY OF TH	TW. W		(562) 62	8-1526	6 07 22	2014
Jim Guion		PERSON OR PERSON	S WHO MANAGE THE SYSTEM,	OR THOSE PERSONS DIRE	CTLY RESPONSIBLE FOR						
Executive Vice President,		1	RMATION, THE INFORMATION		ST OF MY KNOWLEDGE AND	Marina Roberts	on, HSE Manage	r			
Chief Operating Officer			ATE, AND COMPLETE. I AM AW		NIFICANT PENALTIES FOR	Widilia Robotte	,				
J		SUBMITTING FALSE II	NFORMATION INCLUDING THE P	SSIBILITY OF FINE AND I	MPRISONMENT FOR KNOWING	Signature of PRINCIPA	AL EXECUTIVE	Area		MONTH	/DAY/YEAR
		VIOLATIONS SEE 161	U.S.C. & 1001 AND 33 U.S.C. & 1	319. (PENALTIES UNDER TI	HESE STATUTES MAY INCLUDE	OFFICER or AUTHOR		1	Number		
TYPED OR PRINTED		FINES UP TO \$10,000	AND OR MAXIMUM IMPRISONM	ENT OF BETWEEN 6 MONTH	IS AND 5 YEARS)	OFFICER OF ACTION	100.100.11				

<sup>&</sup>lt;sup>1</sup> Uncontaminated water (excess seawater) is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

<sup>\*</sup> See Chemical Inventory, if discharged.



# Attachment 2 Chemical Inventory

## ATTACHMENT 2 PLATFORM ELLEN MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY April 1, 2014 through June 30, 2014

Fluid Type	<u>Volume</u> (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe <sub>1</sub> Concentration (mg/l)
009 Non-contact Cooling Water				
(combined with excess seawater)				
April	36,000	Chlorine	0.91	0.6
May	36,000	Chlorine	1.36	0.9
June	36,000	Chlorine	0.91	0.6
008 Fire Control System Water	N/A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>&</sup>lt;sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N /A: Not chlorinated

# Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

## ATTACHMENT 3 PLATFORM ELLEN NON-CONTACT COOLING WATER CHLORINE RESULTS April 1, 2014 through June 30, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit <sub>1</sub> <u>Post Dilution</u>	Maximum Daily Limit <sub>1</sub> Post Dilution	Result <u>Post Dilution</u>	End-of-Pipe Concentration	EPA Plumes <u>Dilution</u>
		(mg/l)	(mg/l)	(mg/l)	(mg/l)	
					EPA Method 330.5	
009 Non-contact Cooling Water						
Sample Date: 04/30/14	Once/Quarter	0.00583	0.0104	0.00039	0.058	149:1

<sup>&</sup>lt;sup>1</sup>Limits are post-dilution as listed in the new permit, Appendix C.

### Attachment 4

### Laboratory reports for NPDES monitoring

**Laboratory Quality Control Reports** 



May 13, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
	Platform Elly / Ellen	End of Pipe
April 30, 2014 @ 0730 hrs	Non-Contact Cooling Water Outlet West Seawater Pump	0.058 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS



June 23, 2014

Attn: Marina Robertson

As part of the Annual Marine Sanitation Device (MSD) Inspection, and to ensure proper operation of the device, LTS Environmental performed an EPA-approved chlorine residual on the effluent. Results of this test are as follows:

Sample Date / Time	Location	<b>Total Chlorine Residual</b>
Contractivation	Platform Ellen	(EPA Method 330.5)
May 25, 2014 @ 0700 hrs	Sewage Effluent	2.17 mg/l
	Omnipure 12MX	
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

LTS Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS



August 13, 2013

### **Quality Control**

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
August 12, 2013	(EPA Method 330.5)

LTS meter (SN 041200088375) 2.78 mg/l LTS meter (SN 12040E195572) 2.74 mg/l

RT Corporation test sample:

Certified Value 2.35 mg/l (+/-.0508) Standard Deviation 0.208 mg/l

Acceptance Limits 1.73 - 2.98 mg/l

Method Blank < 0.05 mg/l

LTS Lead Technician: Mike Apple

S.G. Lawry

**Environmental Specialist** 

President, LTS



April 14, 2014

Ms. Marina Robertson Beta Offshore 111 W. Ocean Blve #1240 Long Beach, CA 90802

Dear Ms. Robertson:

We are pleased to present the enclosed drilling mud bioassay report. The test was conducted under guidelines prescribed in Federal Register/ Vol. 58, No. 41/ Thursday, March 04, 1993/ Rules and Regulations as provided to us by the US Environmental Protection Agency. Results were as follows:

### Mysid Shrimp (Mysidopsis bahia) Bioassay

CLIENT:

Beta Offshore

SAMPLE I.D.:

Platform Ellen, Well#A45, Polytek

DATE RECEIVED: 9 April 2014

ABC LAB #:

LTS0414.092

96 hr. LC 50 =

>10.0%

STATUS: Pass

Yours very truly,

Scott Johnson

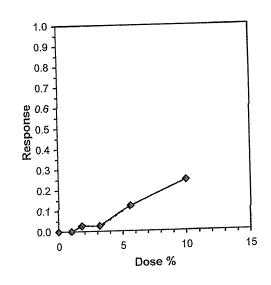
Laboratory Director

				Mysid Survival Te	st-96 Hr Survíval		
End Date:	4/9/2014 4/13/2014 4/7/2014 Platform E		Protocol:	LTS0414092 CAABC EPAM 87-EPA Marine	Sample ID: Sample Type: Test Species:	CA0000000 Drill Mud MY-Mysidopsis bahia	
Conc-%	1	2	3				
N Control	0.9500	0.9500	0.9500				
1	0.9500	0.9500	0.9500				
1.8	0.9500	0.9000	0.9000				
3.2	0.9000	0.9500	0.9500				
5.6	0.9500	0.7500	0.8000				
10	0.7000	0.7500	0.7000				

					Avanin Co	wara Root			1-Tailed		Isoto	onic
		-				uare Root	N	t-Stat	Critical	MSD	Mean	N-Mean
Conc-%	Mean	N-Mean	Mean	Min	Max		3	t-Otat			0.9500	1.0000
N Control	0.9500	1.0000	1.3453	1.3453	1.3453	0.000	_	0.000	2.500	0.1493	0.9500	1.0000
1	0.9500	1.0000	1.3453	1.3453		0.000	3		2.500	0.1493	0.9250	0.9737
1.8	0.9167	0.9649	1.2811	1.2490	1.3453	4.337	3	1.075	2.500	0.1493	0.9250	0.9737
3.2	0.9333	0.9825	1.3132	1.2490	1.3453	4.231	3	0.537		0.1493 0.1493	0.8333	0.8772
	0.8333	0.8772	1.1665	1.0472	1.3453	13.516	3	2.994	2.500		0.7167	0.7544
*5.6		0.7544	1.0098	0.9912	1.0472	3.204	3	5.619	2.500	0.1493	0.7107	0.7544
*10	0.7167	0.7544	1.0000	0.0012								

					Statistic		Critical		Skew	Kurt
Auxiliary Tests			2.04\		0.89082		0.858		1.09599	3.898
Shapiro-Wilk's Test indicates nor	0.00002									
Equality of variance cannot be co	nfirmed	1050	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC					0.05251	0.00535	6.4E-04	5, 12
Dunnett's Test	3.2	9.6	4.2332	31.20	0.00					
Treatments vs N Control  Linear Interpolation (200 Resamples)										
	3.2	5.6	4.2332	31.25 lation (2	0.00		0.05251	0.00535	6.4E-04 	5, 12

				Linea	r Interpola
Point	%	SD	95% CI	Skew	
	3.7891	0.8139	2.1110	8,6984	0.9073
IC05	5.0327	0.9499	3.0488	9.4094	0.6722
IC10	****		2.7895	9.7927	-0.0137
IC15	6.5743	1.1191		10.3193	-0.8556
IC20	8.3657	1.1933	2.2553	10.5185	-0.0000
IC25	>10				
IC40	>10				
IC50	>10				



Mysid Survival Test-96 Hr Survival

Start Date: 4/9/2014 End Date: 4/13/2014 Test ID: LTS0414092 Lab ID: CAABC Sample ID: Sample Type: CA0000000 Drill Mud

Sample Date: 4/7/2014 Pr

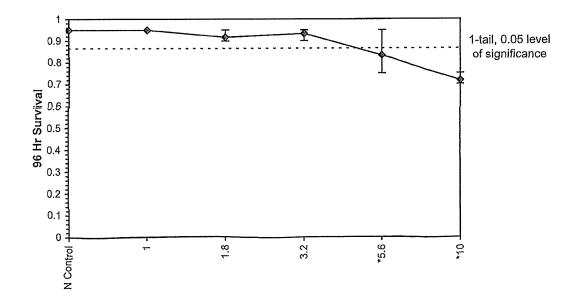
Protocol: EPAM 87-EPA Marine Tes

Test Species:

MY-Mysidopsis bahia

Comments: Platform Ellen Well A-45 Polytek

Dose-Response Plot



Page 2

Mysid Survival Test-96 Hr Survival

4/9/2014 Start Date: End Date:

4/13/2014

Test ID: LTS0414092

Lab ID: CAABC

Protocol: EPAM 87-EPA Marine Test Species:

Sample ID: Sample Type: CA0000000 Drill Mud

MY-Mysidopsis bahia

Sample Date: 4/7/2014 Comments: Platform Ellen Well A-45 Polytek

Jomments:		Auxiliary Data Summary						
Conc-%	Parameter	Mean	Min	Max	SD	CV%	N	
N Control	Temp C	22.00	22.00	22.00	0.00	0.00	2	
1	•	22.00	22.00	22.00	0.00	0.00	2	
1.8		22.00	22.00	22.00	0.00	0.00	2	
3.2		22.00	22.00	22.00	0.00	0.00	2	
5.6		22.00	22.00	22.00	0.00	0.00	2	
10		22.00	22.00	22.00	0.00	0.00	2	
N Control	рН	7.65	7.60	7.70	0.07	3.48	2	
1	1	7.65	7.60	7.70	0.07	3.48	2	
1.8	•	7.65	7.60	7.70	0.07	3.48	2	
3.2		7.65	7.60	7.70	0.07	3.48	2	
5.6		7.60	7.60	7.60	0.00	0.00	2	
10		7.55	7.50	7.60	0.07	3.52	2	
N Control	DO mg/L	7.80	7.70	7.90	0.14	4.82	2	
1	<b>.</b>	7.65	7.60	7.70	0.07	3.48	2	
1.8		7.65	7.60	7.70	0.07	3.48	2	
3.2		7.55	7.50	7.60	0.07	3.52	2	
5.6		7.55	7.50	7.60	0.07	3.52	2	
10	•	7.40	7.40	7.40	0.00	0.00	2	
N Control	Salinity ppt	25.00	25.00	25.00	0.00	0.00	2	
1		25.00	25.00	25.00	0.00	0.00	2	
1.8		25.00	25.00	25.00	0.00	0.00	2	
3.2		25.00	25.00	25.00	0.00	0.00	2	
5.6		25.00	25.00	25.00	0.00	0.00	2	
10		25.00	25.00	25.00	0.00	0.00	2	

LTS Environmental, Inc. 704 Adirondack /Avenue		Report to:		Beta Offshore-Ma	Bill to: Beta Offshore-Marina Ro						
				111 W. Ocean Bilve #1240					cean Blve#1240		
Ventura, CA 93003			1	Long Beach, Ca 90802							
805-644-4560				- <b>S</b> \$ c.					Long Beach, Ca 90802		
FACILITY:		Beta OF	Thore	Pletform	ELLEN		SUBMITTED T	À.	ABC Lab		
COLLECTO	R:		eman, (	SIES DI	it Mes		REPORT TO:		Robertson	PHONE:	
PROJECT/C	CHARGE #	Drilling Mud	Well#				COPIES TO:		awry	FAX:	
RESULTS R	REQUIRED:	normal							upervisor	PHONE;	
RESULTS E	BY: PHONE:		FAX:								
					<del>-</del>	i a				ઇ્	
SAMPLE	SAMPLE	ID/LOCATION	GRAB/	VOLUME	DATE/TIME	PRESERV.		ANALYSES F	REQUESTED (	METHOD)	
NO,			COMP.		COLLECTED				,	,	
1	Well #: Mud Type:	45 PolyTEKt	grab	Z. ♥ Qt	4-7-14 1800	ice	Mysidopsis I	bahia LC 50	0 (96 hour)		
				1							
1											
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Comments:	Indicate We	ell Footage:	6766'					· · · · · · · · · · · · · · · · · · ·			
			A 388 NK	······				<del></del>			
									·		
Relinquished		JAMES C	1. Hord	Date:	4-8-14	Relinguished b	ov:			Date:	
Received by:	Received by: Cale 2 Dansels		Time:	11:00				Time:			
				_		Received by:		·			
Relinquished		Colors	Mont	Date:	4-974	Relinquished b	ov:	***		Date:	
Received by:			1	Time:	WD	Received by:				Time:	



### Mysidopsis bahia Acute Survival Bioassay

DATE: 9 April 2014

STANDARD TOXICANT: Sodium dodecyl sulfate

ENDPOINT: SURVIVAL

IC25 = 19.49 mg/l IC50 = 25.64 mg/l

Yours very truly,

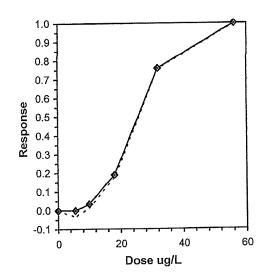
Scott Johnson Laboratory Director

				Mysid Survival Tes	st-96 Hr Survival	
Start Date:	4/9/2014		Test ID:	MYS4914DM	Sample ID:	CA000000
End Date:	4/13/2014			CAABC	Sample Type:	SDS-Sodium dodecyl sulfate
Sample Date:	4/9/2014		Protocol:	EPAM 87-EPA Marine	Test Species:	MY-Mysidopsis bahia
Comments:	Standard :	Toxicant	Drill Mud			
Conc-ug/L	1	2	3			
N Control	0.9500	0.9500	0.9500			
5.6	1.0000	1.0000	0.9500			
10	0.9500	0.9000	0.9500			
18	0.9500	0.7000	0.7000			
32	0.1500	0.2000	0.3500			
56	0.0000	0.0000	0.0000			

				Tra	nsform:	Arcsin Sc	uare Root	:		1-Tailed		Isote	onic
MA.	Conc-ua/L	Mean	N-Mean	Mean	Min	Max	CV%	N	t-Stat	Critical	MSD	Mean	N-Mean
-	N Control	0.9500	1.0000	1.3453	1.3453	1.3453	0.000	3				0.9667	1.0000
	5.6	0.9833	1.0351	1.4209	1.3453	1.4588	4.611	3	-0.898	2.500	0.2107	0.9667	1.0000
	10	0.9333	0.9825	1.3132	1.2490	1.3453	4.231	3	0.381	2.500	0.2107	0.9333	0.9655
es p.	*18	0.7833	0.8246	1.1092	0.9912	1.3453	18.433	3	2.801	2.500	0.2107	0.7833	0.8103
	*32	0.7033	0.0246	0.4981	0.3977	0.6331	24.372	3	10.052	2.500	0.2107	0.2333	0.2414
	*56	0.2333	0.0000	0.1120	0.1120	0.1120	0.000	3	14.634	2.500	0.2107	0.0000	0.0000

Auxiliary Tests		`			Statistic		Critical		Skew	Kurt
Shapiro-Wilk's Test indicates non	nal distribu	ition (p >	0.01)		0.88759		0.858		1.09066	2.29453
Equality of variance cannot be co									- D. J.	-JE
Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	<u>df</u>
Dunnett's Test	10	18	13.4164		0.12851	0.13527	0.86402	0.01065	8.0E-09	5, 12
Treatments vs N Control										
		Line	ar Interpol	ation (2	200 Resam	ples)				

				Lilles	n mreihoi
Point	ug/L	SD	95% CL	(Exp)	Skew
IC05	10.800	1.919	6.579	26.561	2.2687
IC10	13.378	2.405	9.321	25.751	0.6260
IC15	15.956	2.146	10.266	24.979	0.1857
IC20	18.255	1.856	11.517	24.436	-0.3505
IC25	19.485	1.624	13.944	25.110	-0.2701
IC40	23.176	1.191	19.131	28.063	-0.0790
IC50	25.636	1.070	21.771	29.954	0.0901



Mysid Survival Test-96 Hr Survival

Start Date: 4/9/2014 End Date:

Comments:

4/13/2014 Sample Date: 4/9/2014

Standard Toxicant Drill Mud

Test ID: MYS4914DM Lab ID: CAABC

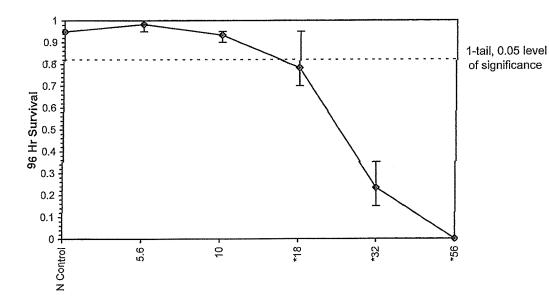
Sample ID: Protocol: EPAM 87-EPA Marine

Sample Type: Test Species:

CA0000000 SDS-Sodium dodecyl sulfate

MY-Mysidopsis bahia

# Dose-Response Plot



Reviewed by:

Mysid Survival Test-96 Hr Survival

Start Date: End Date:

4/9/2014 4/13/2014 Test ID: MYS4914DM

Lab ID: CAABC

Sample ID: Sample Type: Test Species: CA0000000

SDS-Sodium dodecyl sulfate

MY-Mysidopsis bahia

Sample Date: 4/9/2014 Comments: Standard

4/9/2014 Protocol: EPAM 87-EPA Marine Standard Toxicant Drill Mud

Oommonts.			Aux	ciliary Data	a Summa		
Conc-ug/L	Parameter	Mean	Min	Max	SD	CV%	N
N Control	Temp C	22.00	22.00	22.00	0.00	0.00	2
5.6		22.00	22.00	22.00	0.00	0.00	2
10		22.00	22.00	22.00	0.00	0.00	2
18		22.00	22.00	22.00	0.00	0.00	2
32		22.00	22.00	22.00	0.00	0.00	2
56		22.00	22.00	22.00	0.00	0.00	2
N Control	рН	7.65	7.60	7.70	0.07	3.48	2
5.6		7.45	7.30	7.60	0.21	6.18	2
10		7.35	7.20	7.50	0.21	6.27	2
18		7.35	7.20	7.50	0.21	6.27	2
32		7.35	7.20	7.50	0.21	6.27	2
56		7.20	7.20	7.20	0.00	0.00	2
N Control	DO mg/L	7.80	7.70	7.90	0.14	4.82	2
5.6	-	7.55	7.40	7.70	0.21	6.10	2
10		7. <i>35</i>	7.00	7.70	0.49	<i>9.57</i>	2
18		7.25	7.00	7.50	0.35	8.20	2
32		7.10	7.00	7.20	0.14	5.30	2
56		6.75	6.50	7.00	0.35	8.81	2
N Control	Salinity ppt	25.00	25.00	25.00	0.00	0.00	2
5.6		25.00	25.00	25.00	0.00	0.00	2
10		25.00	25.00	25.00	0.00	0.00	2
18		25.00	25.00	25.00	0.00	0.00	2
32		25.00	25.00	25.00	0.00	0.00	2
56		25.00	25.00	25.00	0.00	0.00	2

# Attachment 5 Drilling Mud Chemical Inventory

# ATTACHMENT 5 PLATFORM ELLEN DRILLING MUD CHEMICAL INVENTORY WELL A-45

Mud Component	Total	%	ppm
Additive	Pounds		
Polytek	5940	5.8%	57,561
KCI (Potassium Chloride)	2322	2.3%	22,501
Calcium Carbonate	8400	8.1%	81,400
Geozan	67	0.1%	649
KOH (Caustic)	50	0.05%	485
Liquid Flow/Zan	890	0.86%	8,625
Defoamer 7	522	0.51%	5,058
Drispac R	2700	2.62%	26,164
SDIC	0	0.00%	<u>-</u>
DMS 30	482	0.47%	4,671
CS-800	2750	2.66%	26,649
Lubra-Glide Beads	1650	1.60%	15,989
Soda Ash	1050	1.02%	10,175
Brine Water	76371	74.0%	740,072

				•	

# Platform Elly Attachment 1

EPA DMR PERMIT NO. CAG280000

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO.

001,003,019 DISCHARGE NO.

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MC	NITORII	NG PER	IOD	
YR	MO	DAY	YR	MO	DAY
Fr	rom: 14	04 01		To:	14 (06 30

Approved Form OMB No. 2000-0015 DRILLING FLUIDS AND DRILL CUTTINGS (001) WELL TREATMENT, COMPLETION **AND WORKOVER FLUIDS (003) EXCESS CEMENT SLURRY (019)** 

NOTE: Read instructions before completing this form. NO Frequency Sample

PARAMETER			Quantity or Lo	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
IMVIVILIEN		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS MONITORING Well # N / A	Sample Measurement		No Discharge	Barrels/							
April - June	Permit Requirement		Report	Well						1/well 1/day	Estimate
DRILL CUTTINGS MONITORING Well # N / A	Sample Measurement		No Discharge	Barrels/							
April - June	Permit Requirement		Report	Month						1/well 1/day	Estimate
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement		No Discharge								
MONITORING April - June	Permit Requirement		Report	Job						1 / job	Estimate
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement					No Discharge					
Chemical Inventory April - June	Permit Requirement					Report				1/month	List
EXCESS CEMENT SLURRY FLOW MONITORING	Sample Measurement		No Discharge	Monthly							
April - June	Permit Requirement		Report	Average bbl/day						1/month	Estimate
									95524		
									HONE	DA <sup>*</sup>	7-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENA	LTY OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMENT	S WERE PREPARED UNDER			TELEP	TONE	- DA	I C
Jim Guion Executive Vice President,		MY DIRECTION OR SUPI PERSONNEL PROPERL' PERSON OR PERSONS	ERVISION IN ACCORDANCE WITH Y GATHER AND EVALUATE THE IN WHO MANAGE THE SYSTEM, OR	A SYSTEM DESIGNED TO FORMATION SUBMITTED. THOSE PERSONS DIRECT	ASSURE THAT QUALIFIED  BASED ON MY INQUIRY OF TH  LY RESPONSIBLE FOR  OF MY KNOWLEDGE AND	m. Pls	L	(562) 628	3-1526	07 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURA SUBMITTING FALSE INF	TE, AND COMPLETE I AM AWARE	THAT THERE ARE SIGNIF	CONTRENDED FOR RISONMENT FOR KNOWING	Marina Robertso				MONTH/DAY/YE	AP
TYPED OR PRINTED	NATION (D.	1	S.C. & 1001 AND 33 U.S.C. & 1319 ND OR MAXIMUM IMPRISONMENT		SE STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIF OFFICER or AUTHO		Area Code	Number	1	71 N

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

There are no wells or drilling activities at Platform Elly.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

1	CAG280000
	PERMIT NO.

002 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	M	DNITOR	ING PER	RIOD		
YR	MO	DAY	YR	MO	DAY	
From:	14	04 01	То:	14	06 30	

PRODUCED WATER (002)

(commingled with Platform Eureka & Ellen)

NOTE: Read instructions before completing this form.

DADAMETED			Quantity or Lo	ading		Quality or Co	oncentration		NO. EX.	Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		
PRODUCED WATER	Sample			Monthly					0	1/day	Estimate
FLOW RATE	Measurement	0		Average					-	1/day	Listinate
commingled with Eureka and Ellen) April	Permit Requirement			bbl/Day						1/day	Estimate
	Sample			Monthly							
	Measurement	0		Average	335-538-538-546-66-66-66-66-66-66-66-66-66-66-66-66-6				1,845,1446,00		
May	Permit Requirement			bbl/Day						1/day	Estimate
May	Sample			Monthly							
	Measurement	0		Average							
	Permit			bbl/Day	State of					1/day	Estimate
June	Requirement									irday	Loundto
QUARTERLY AVERAGE Volume		No Discharge		Quarterly Average					0	1/quarter	Estimate
04/01/14 - 06/30/14				bbl/Day						1/quarter	Estimate
04/01/14 = 00/00/14											
ANNUAL CUMULATIVE	Sample Measurement		0	Barrels/					0	1/quarter	Estimate
Volume <sub>1</sub> 03/01/14 - 02/28/15	Permit 1 Requirement		10,950,000 *	Year						1/quarter	Estimate
03/01/14 - 02/26/15	Requirement										
				-							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER	I CERTIFY UNDER PENALTY OF	LAW THAT THIS DOCUMENT AN	D ALL ATTACHMENTS WER	RE PREPARED UNDER		_	TELEF	PHONE	D.	ATE
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERVISIC PERSONNEL PROPERLY GATH PERSON OR PERSONS WHO M		STEM DESIGNED TO ASSUR IATION SUBMITTED. BASED E PERSONS DIRECTLY RES	RE THAT QUALIFIED  ON MY INQUIRY OF THE  SPONSIBLE FOR	m. Du		(562) 62	.8-1526	07 22	2014
Chief Operating Officer		1	N, THE INFORMATION SUBMITTE COMPLETE: I AM AWARE THAT		KNOWLEDGE AND PENALTIES FOR	Marina Robertso	n, HSE Manager				- WAILY
		_	FION INCLUDING THE POSSIBILIT		10/20/10/11/12	Signature of PRINCIP		Area		MONTH/I	DAY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AND OR N			1	OFFICER or AUTHO	RIZED AGENT	Code Num	iber		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* The total annual cumulative volume limit is a combined limit of produced water volumes discharged from Platforms Ellen, Elly, and Eureka as listed in the NPDES permit. The 'sample measurement' listed is a combined total for Ellen, Elly, and Eureka.

EPA Form 3320-1 (Rev.9-88) Previous editions may be used. (Replaces EPS Form T-40 which may not be used.) File: DMR002.xls Pg 2

Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# **DISCHARGE MONITORING REPORT (DMR)**

CAG280000 PERMIT NO.

002 DISCHARGE NO.

Approved Form OMB No. 2000-0015

**Beta Platform Elly** 

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITO	RING PEF	RIOD	
YR MO DA'	YR YR	MO	DAY
From: 14 04 01		To: 14	06 30

**PRODUCED WATER (002) Enforceable Limits** 

NOTE: Read instructions before completing this form.

	Т.	T	O					11012.11000		pefore completing th	
PARAMETER			Quantity or L	oading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	•	•
PRODUCED WATER OIL & GREASE	Sample Measurement					No Discharge	No Discharge				
	Permit	NA CONTRACTOR	R. Charleton		arte na salah salah salah		<u> </u>	mg/L		The Attention (Victor)	Grab/
April	Requirement					29.0	42.0			1/week	Composite
	Sample	eryound of other	analysii hiken		. wednesia CVA Nedica			Bilitar Burilli	100		
	Measurement					No Discharge	No Discharge				
	Permit	Vivia Historia			garren alarkar kerker			mg/L	1	en stallalateti	Grab/
May	Requirement					29.0	42.0			1/week	Composite
	Sample		Aled Werber	Adalahasi ber				ere Selling and sel	3436		
	Measurement					No Discharge	No Discharge				
	Permit	gara garawanis						mg/L	2807000		Grab/
PRODUCED WATER OIL & GREASE  April	Requirement					29.0	42.0			1/week	Composite
			Philippoint					ari i Silinas riji	1500		45/10/PAR
PRODUCED WATER QUARTERLY		Africa di Barantan	and the second of the second			1 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		22 44 1 194 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The Control of the Co	
· · · · · · · · · · · · · · · · · · ·						No Discharge					
3-SPECIES TOXICITY						Pass / Fail				1 / quarter	Composite
						A section of the control of the cont	arterje i Steuren Veterjores; S				
									Sec. 1		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	.R	I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMENT	S WERE PREPARED UNDER			TELEPI	HONE	DA	\TE
	İ	MY DIRECTION OR SUPERV	VISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO		0 -	4-				
line Outer	İ	PERSONNEL PROPERLY G	ATHER AND EVALUATE THE IN	FORMATION SUBMITTED.	BASED ON MY INQUIRY OF THE	mille	1-	(500) 600	4500		2211
	İ	PERSON OR PERSONS WI	HO MANAGE THE SYSTEM, OR	THOSE PERSONS DIRECT	LY RESPONSIBLE FOR	MIKANS	Andrean area is a company of the second	(562) 628	-1526	07 22	2014
	1	GATHERING THE INFORMA	ATION, THE INFORMATION SUB	MITTED IS, TO THE BEST O	OF MY KNOWLEDGE AND	<b></b>					
Unier Operating Oπicer		BELIEF, TRUE, ACCURATE,		THAT THERE ARE SIGNIF	ICANT PENALTIES FOR	Marina Robertson	, HSE Manager				
			RMATION INCLUDING THE POSS		RISONMENT FOR KNOWING						
TYPED OF PRINTER			. & 1001 AND 33 U.S.C. & 1319.			Signature of PRINCIPA		Area		MONTH/E	AY/YEAR
TYPED OR PRINTED			OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS /	NND 5 YEARS)	OFFICER or AUTHORI	ZED AGENT	Code Numb	er	L	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

Results showing NODI(B): below MDL. The maximum value of the analytical result is less than the laboratory's MDL (below detection level).

Results showing NODI(Q): equal to or above the MDL, but less than the ML or PQL.

EPA Form 3320-1 (Rev.9-88) Previous editions may be used. (Replaces EPS Form T-40 which may not be used.) File:

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 004 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MONITORING PERIOD							
Y	₹	МО	DAY	YR	MO	DAY		
	Fr	om: 14	04 01		To: 14	06 30		

DECK DRAINAGE (004)
(Commingled with produced water)

LOCATION: 33° 35 .025 LAT., 116 1	JI 31.32 LON	G. [	1 10111.	14 04 01			-1	NOTE: Read	instruction	ns before completing	this form.
DADAMETER			Quantity or Lo	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
Measurement			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE	Sample				raciosifica a abid	ikabyigi Kanasi in		10.044.915	446944	ekselüksynsis	
	1 ' 1		N/A	bbl/day							
				i '		era kabingan Malaysi			Art Sign	1/month	Estimate
PARAMETER    Average											
, <u>F</u>	Quantity or Loading   Quality or Concentration   NO.   Frequent   No.   Permit   Requirement   No.   Avg.   bbl/day   Permit   Requirement   Report   Requirement   Report   No.   Avg.   bbl/day   No.   Avg.   Avg.   No.   Avg.   Avg.   Avg.   Avg.   Avg.   Avg.	Mada Baya									
	Measurement		N/A	bbl/day					1000000		
	Permit									1/month	Estimate
Mav	Requirement		Report								
	Sample			Mo. Avg.	# Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free oil/visual sheen on the receiving water.  # Days Sheen Observed No free						
	Measurement		N/A	bbl/day							
	Permit									1/month	Estimate
June	Requirement		Report					1.044.04.0	Assigned	1/month Estimate  1/month Estimate  1/month Estimate  1/day Visual - Daylight  1/day Visual - Daylight  1/day Daylight  DATE	
										72/11/20/20/20/20/20/20	
DECK DRAINAGE	Sample	averter in				M / A					
FREE OIL	Measurement		N/A			N/A				1/dov	Vieual
	Permit			1						1/day	19 mg 20 mm 10 mg 20 mg
April	AVERTER  Average Units Minimum Average Maximum Units  Average No. Avg. Mo.	[No. 1815] A. 181			Dayligiti						
April         Measurement           April         San           Measurement         Per           May         Requir	Measurement		N/A			N/A			11 (20) 13 (4)	1/day	Visual -
	Permit						dan contan			i/day	
May			No Sneen	Observed	No free oil/visua	i sneen on the receiv	ing water.	1,3 41,5 41,5			Dayligin
		<b>显示是实验</b>	N. / A	# Dava		N / A					
			N/A			N/A		+		1/day	Visual -
	1		No Chaon		No free cilluique	d shoon on the receiv	ing water				LANGUE CONTRACTOR
	Requirement		<u> </u>		1	I Sheer on the recent	ang water.	TELEPH	ONE	DATE	17.3
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		1		NT AND ALL ATTACHMENTS	WERE PREPARED UNDER		1 -	1222171	-		
		MY DIRECTION OR SUPER	RVISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO A	SSURE THAT QUALIFIED	1 a ( 1)	1				
		PERSONNEL PROPERLY	GATHER AND EVALUATE THE IN		ASED ON MY INQUIRY OF THE	MI Juli	X-	(562) 62	28-1526	07 22	2014
		1			Y RESPONSIBLE FOR	1,4		(002) 02	-0 .0-0		
		l .			F MY KNOWLEDGE AND	Marina Robertso	n HSE Manager	1			
Chief Operating Officer			E, AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNIFIC	CANT PENALTIES FOR	maina robertso	,	-			
		1	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMPR		Signature of PRINCIPAL	EXECUTIVE	Area		MONTH/E	AY/YEAR
		1		( Externed distances in the contract of the co		- 5		1	Number		
TYPED OR PRINTED		FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS A	NU D TEARS)	OF TOER OF AUTHORIZE					

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Deck drains are commingled with produced water (refer to produced water reporting requirements).

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPOR

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802 DISCHARGE MONITORING REPORT (DMR)

CAG28	0000
PERMIT	NO.

005 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

		MC	NITORI	NG PERI	OD		
7	/R	MO	DAY	YR	MO	DAY	(
	Fro	om: 14	04 01		To: 14	06 30	

SANITARY & DOMESTIC WASTES (005)
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form. Quality or Concentration NO. Frequency Sample Quantity or Loading Analysis EX. Type PARAMETER Maximum Units Minimum Average Maximum Units Average SANITARY Sample Monthly N/A WASTES FLOW RATE Measurement 1/month Estimate Average Permit bbl/day April Requirement Report Sample Monthly N/A Measurement Estimate 1/month Average Permit bbl/day May Requirement Report Sample Monthly Measurement N/A Estimate 1/month Average Permit bbl/day Requirement Report June SANITARY Sample N/A # days N/A WASTES FOAM & FLOATING Measurement 1/day Visual observed SOLIDS Permit Daylight None No foam or floating solids in the receiving waters. April Requirement Sample N/A# days N/AMeasurement 1/day Visual observed Permit Daylight None No foam or floating solids in the receiving waters. May Requirement Sample # days N/A N/A Measurement Visual -1/day observed Permit Daylight No foam or floating solids in the receiving waters. None Requirement June TELEPHONE DATE CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 2014 (562) 628-1526 07 22 Jim Guion Executive Vice President, Marina Robertson, HSE Manager Chief Operating Officer MONTH/DAY/YEAR Signature of PRINCIPAL EXECUTIVE Area VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE Number OFFICER or AUTHORIZED AGENT FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS) TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

# Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

# ATTACHMENT 3 PLATFORM ELLY NON-CONTACT COOLING WATER CHLORINE RESULTS April 1, 2014 through June 30, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit <sub>1</sub> Post Dilution (mg/l)	Maximum Daily Limit 1 Post Dilution (mg/l)	Result Post Dilution (mg/l)	End-of-Pipe Concentration (mg/l) EPA Method 330.5	EPA Plumes <u>Dilution</u>
009 Non-contact Cooling Water Sample Date: 04/30/14	Once/Quarter	0.00585	0.0102	0.0002	0.058	277:1

<sup>&</sup>lt;sup>1</sup>Limits are post-dilution as listed in the new permit, Appendix C.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

005
DISCHARGE NO.

Approved Form OMB No. 2000-0015

# Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MC	NITORIN	IG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
Fi	rom: 14	04 01		To: 14	06 30	

**SANITARY & DOMESTIC WASTES (005)** (Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

			Quantity or Lo	oading		Quality or Co	oncentration		NO. EX.	Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	<b>_</b>	ERIODA E A GARAG	Landon State (1875)
SANITARY WASTE RESIDUAL	Sample Measurement				N/A	N/A	N/A	mg/l			
CHLORINE  April	Permit				1 mg/l	N/A	10 mg/l			Monthly	Grab
7,011	Sample Measurement				N/A	N/A	N/A	mg/l			
May	Average Maximum Units    Sample   Measurement	Grab									
					N/A	N/A	N/A	mg/l			
June	1				1 mg/l	N/A	10 mg/l			Monthly	Grab
DOMESTIC WASTE 1 FLOW RATE	1	N/A						4		1/month	Estimate
April - June		Report		<ul> <li>A substitution of the control of the cont</li></ul>							
DOMESTIC WASTE FOAM & FLOATING SOLIDS			N/A			N/A		$\exists$		1/day	Visual -
April - June	1		None	observed			ving waters.				Daylight
	1550-1574 JULY 1770 (			1				1			
		LOCATIVA INDEA DEN	NITY OF LAW THAT THIS DOCU	MENT AND ALL ATTACHMEN	ITS WERE PREPARED UNDER			TELEPHO	NE	DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion		MY DIRECTION OR SUF PERSONNEL PROPERL PERSON OR PERSONS	PERVISION IN ACCORDANCE WI LY GATHER AND EVALUATE THE BY WHO MANAGE THE SYSTEM, C	ITH A SYSTEM DESIGNED TO EINFORMATION SUBMITTED OR THOSE PERSONS DIREC	D ASSURE THAT QUALIFIED  BASED ON MY INQUIRY OF THE	m. Pls	ent	(562) 63	28-1526	07 22	2014
Executive Vice President, Chief Operating Officer		BELIEF, TRUE, ACCUR	ATE, AND COMPLETE. I AM AW/	ARE THAT THERE ARE SIGNI OSSIBILITY OF FINE AND IM	IFICANT PENALTIES FOR			1		MONTH	/DAY/YEAR
TYPED OR PRINTED			ND OR MAXIMUM IMPRISONME		S AND 5 YEARS)	OFFICER or AUTHORIZ	ED AGENT	Code	Number		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

<sup>1</sup> Domestic water, as laundry, is commingled with produced water and injected (refer to Produced Water). Domestic water from showers and sinks is commingled with sanitary

at Platform Ellen (refer to Platform Ellen DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

008 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORIN	IG PERIOD	
YR MO DAY	YR MO DAY	
From: 14 04 01	To: 14 06 30	

FIRE CONTROL WATER (008) (Commingled with production)

NOTE: Read instructions before completing this form.

NO. | Frequency | Sample

PARAMETER			Quantity or L	oading	Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
PARAMETER			Average	Units	Minimum	Average	Maximum	Units			Visual -
IRE CONTROL SYSTEM	Sample		None	# Days	No floating solids in the				0	1/day	Daylight
EST WATER (008) - FOAM LOATING SOLIDS	Measurement Permit			Observed	No floating solids in the	receiving water.				1/day	Visual - Dayligh
April	Requirement		None					Japan J. S. S. S. S. S. S. S. S. S. S. S. S. S.			Visual -
	Sample Measurement		None	# Days	No floating solids in the receiving water.  No foam in the receiving water.				0	1/day	Dayligh Visual -
Pen			None	Observed	No floating solids in the receiving water.  No foam in the receiving water.					1/day	Dayligh
May	Requirement Sample		None		No floating solids in the				0	1/day	Visual - Dayligh
	Measurement		None	# Days Observed	No foam in the receiving No floating solids in the						Visual -
	Permit		None	02200	No foam in the receiving water.					1/day	Dayligh
June	Requirement					Monthly Average	Daily Maximum				
TIRE CONTROL SYSTEM	Sample					N/A	N/A	ug/L			
TEST WATER (008) CHLORINE	Measurement Permit					N/A	N/A			1/month	Grab
April - June	Requirement					MAN AND AND A			h fenish		1.4543.65
	Sample Measurement										
	Permit Requirement										
FIRE CONTROL SYSTEM TEST WATER	Sample Measurement				<u> </u>	N/A		ug/L		1/month	List
Chemical Inventory <sub>1</sub> April - June	Permit					Report				1/month	List
	Requirement										
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CALLE WIEDE DEEDVOED INDES	T		TELEPHO	NE	DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		MY DIRECTION OR SUF	ERVISION IN ACCORDANCE V	VITH A SYSTEM DESIGNED	ENTS WERE PREPARED UNDER TO ASSURE THAT QUALIFIED ED. BASED ON MY INQUIRY OF TI	T QUALIFIED		(562) 62	00 1506	07 22	201
Jim Guion Executive Vice President,		PERSON OR PERSONS	WHO MANAGE THE SYSTEM,	OR THOSE PERSONS DIRE SUBMITTED IS, TO THE BE	ECTLY RESPONSIBLE FOR EST OF MY KNOWLEDGE AND	'	n, HSE Manager	(302) 02	.0-1320	0, 22	
Chief Operating Officer	hief Operating Officer	SUBMITTING FALSE IN VIOLATIONS, SEE 18 L	FORMATION INCLUDING THE	POSSIBILITY OF FINE AND 1319. (PENALTIES UNDER T	IMPRISONMENT FOR KNOWING THESE STATUTES MAY INCLUDE	Signature of PRINCIPAL	EXECUTIVE	Area Code	Number	MONTH/DAY/	YEAR
TYPED OR PRINTED FIN			ents here.)	ENT OF BETWEEN 6 MONT	(HS AND 5 YEARS)	OFFICER of AUTHORIZ	ED VOEIAI	10000			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water and is injected. Small amounts may be discharged overboard during fire water system testing.

The firewater is not chlorinated or chemically treated . Refer to produced water discharges.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# DISCHARGE MONITORING REPORT (DMR)

CAG2	0000
PERMI	NO.

009 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

Г		MC	NITORIN	IG PER	IOD	
	YR	MO	DAY	YR	MO	DAY
	Fr	om: 14	04 01		To:	14 06 30

**NON-CONTACT COOLING WATER (009)** 

LOCATION: 33° 35° .025°LAT., 118° 0	77 37.32 LON	. · · · · · · · · · · · · · · · · · · ·	110111.	14 04 01		14 00 00		NOTE: Read i	instructions b	efore completing	this form.
PARAMETER			Quantity or L	oading		Quality o	r Concentration		NO. EX.	Frequency Analysis	Sample Type
FAIVAMETER			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) - CHLORINE <sub>1</sub>	Sample Measurement					0.00021	0.00021	mg/L	0	1/quarter	Grab
April - June	Permit Requirement					0.00585	0.0102			1/quarter	Grab
											- verse drawd earth
NON-CONTACT COOLING WATER (009)					See Attach		0	1/month	List		
CHEMICAL INVENTORY April - June								1/month	List		
								TELEPHON	JE	DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	.,	-1	TY OF LAW THAT THIS DOCUM RVISION IN ACCORDANCE WIT		1						
Jim Guion Executive Vice President,		PERSON OR PERSONS V	GATHER AND EVALUATE THE I WHO MANAGE THE SYSTEM, OF MATION, THE INFORMATION SU	R THOSE PERSONS DIREC		m.Kb			28-1526	07 22	2014
Chief Operating Officer	and the same of th	BELIEF, TRUE, ACCURAT	E, AND COMPLETE. I AM AWAR	RE THAT THERE ARE SIGN SSIBILITY OF FINE AND IN	FICANT PENALTIES FOR		tson, HSE Manag			MONTH	DAY/YEAR
TYPED OR PRINTED			R.C. & 1001 AND 33 U.S.C. & 131 D OR MAXIMUM IMPRISONMEN			Signature of PRINCI OFFICER or AUTHO		Area Code	Number	IVIONTEN	ZEVIT LEVIX

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

**Beta Platform Elly** 

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 006,007,010,011,012,013,014 DISCHARGE NO.

MONITORING PERIOD

YR MO DAY YR MO DAY

From: 14 04 01 To: 14 06 30

Approved Form OMB No. 2000-0015

Blowout Preventer Fluids Desalination Unit

Ballast/Storage Displacement

Bilge Water

Boiler Blowdown Test Fluids

Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Cor	centration		NO. EX.	Frequency Analysis	Sample Type
I AIVAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units		*	
(006) Blowout Preventer Fluids	Sample										
FREE OIL, FOAM, FLOATING	Measurement					No Discharge			4 100 Gat		\ C=1
SOLIDS	Permit	as/Singratific			No free oil or floating solids in the receiving water.				1/month	Visual	
April - June	Requirement				No foam, in other than trace amounts, in the receiving water.			Philipping	1/discharge	Rec. Water	
(007) Desalination Unit	Sample					N 5' L					
FOAM, FLOATING	Measurement					No Discharge			5-100 45	d face and h	Visual
SOLIDS	Permit				No floating solids in the	-				1/month	Rec. Water
April - June	Requirement				No foam, in other than	trace amounts, in the receiving	water.		1 (10 m) (10 m)	1/discharge	Rec. vvaler
(010) Ballast/Storage Displacement	Sample				4	N D: 1					
Water - FLOW RATE	Measurement			Monthly		No Discharge			204 H 2020 H 20	4/	Estimate /
FREE OIL, FOAM, FLOATING SOLIDS	Permit			Average		olids in the receiving water.				1/month	Provedent State (State Co.)
April - June	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receiving	ywater.			1/discharge	Visual Daylight
(011) Bilge Water	Sample				1	N - Di- d					
FLOW RATE	Measurement			Monthly		No Discharge			11/24/2012	1/month	Estimate
	Permit			Average	No free oil or floating se	olids in the receiving water.				Place and an artist against the	Estimate
April - June	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receiving	y water.		Garage Act	1/discharge	
(012) Boiler Blowdown	Sample	148388 2484				M. Die de la come					
FOAM, FLOATING SOLIDS	Measurement					No Discharge			to a comment	1/month	Visual
	Permit				No floating solids in the					1/discharge	Rec. Water
April - June	Requirement				No foam, in other than	trace amounts, in the receiving	g water.	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	*012.2(0.6) *72.1	Muscharge	Rec. vvaler
April - June (013) Test Fluids *	Sample					N. Disabassa					
FLOW RATE	Measurement		0.000	Monthly		No Discharge				1/month	Estimate /
FREE OIL, FOAM, FLOATING SOLIDS	Permit			Average	· 1	olids in the receiving water.				1/discharge	<ul> <li>Interview product and the con-</li> </ul>
April - June	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receiving	g water.			1/discriarge	Visual Daylight
(014) Diatomaceous Earth Filter Media	Sample					Na Diaghausa					
FREE OIL, FOAM, FLOATING	Measurement					No Discharge				1/month	Visual
SOLIDS	Permit				1	olids in the receiving water.				1/discharge	Rec. Water
April - June	Requirement	ARTOR ACADED IN			<del></del>	trace amounts, in the receiving	g water.	TELEPHONE	1 20000000000	DATE	Titeo. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		4	TY OF LAW THAT THIS DOCUM				0	IELEPHONE		DATE	
			RVISION IN ACCORDANCE WITH			has 1 //	d-	1			
		PERSONNEL PROPERLY	GATHER AND EVALUATE THE I	NFORMATION SUBMITTED	BASED ON MY INQUIRY OF THE	MI Kiku		(562) 628	-1526	07 22	2014
Jim Guion		PERSON OR PERSONS V	WHO MANAGE THE SYSTEM, OF	R THOSE PERSONS DIREC	TLY RESPONSIBLE FOR			(302) 020	1020	0, 22	<b>~</b> ∪r
Executive Vice President,		GATHERING THE INFOR	MATION, THE INFORMATION SU	BMITTED IS, TO THE BEST	OF MY KNOWLEDGE AND	Marina Robertson,	HSE Manager				
Chief Operating Officer		BELIEF, TRUE, ACCURAT	E, AND COMPLETE. I AM AWAR	E THAT THERE ARE SIGNI	FICANT PENALTIES FOR	IVIAIIIIA RODEITSOII,	I IOL IVIALIAYEI			<del> </del>	
		SUBMITTING FALSE INFO	ORMATION INCLUDING THE POS	SSIBILITY OF FINE AND IM	PRISONMENT FOR KNOWING	O'	CUTN/E	Area		MONTH	DAY/YEAR
		VIOLATIONS, SEE 18 U.S	S.C. & 1001 AND 33 U.S.C. & 1315	9. (PENALTIES UNDER THE	SE STATUTES MAY INCLUDE	Signature of PRINCIPAL EXE			mber	141014111/	
TYPED OR PRINTED		FINES UP TO \$10,000 AN	D OR MAXIMUM IMPRISONMENT	FOR BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZED A	AGEN I	LOOGE ING	111001		

<sup>\*</sup> See Chemical Inventory, if discharged.

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

Beta Platform Elly

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 015, 016, 017, 018, 020, 021 DISCHARGE NO.

MONITORING PERIOD

YR MO DAY YR MO DAY

From: 14 04 01 To: 14 06 30

Approved Form OMB No. 2000-0015

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled w/ produced water)
Muds, Cuttings, Cement at Sea
Hydrotest Water

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	oading		Quality or Co	oncentration		NO. EX.		Sample Type
PARAMETER			Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow	Sample	ersychologisch	Carry and Albert Car	(ARREST STATE OF	No floating solids in the	receiving water.				1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than	trace amounts, in the receiv	ng water.		0	1/discharge	Rec. Water
roam, recarnite coeles	Permit	- North and Aware	and a section of	STREET, STREET	No floating solids in the	receiving water,				1/month	Visual
April - June	Requirement				No foam, in other than trace amounts, in the receiving water.				-975/FES	1/discharge	Rec. Water
(016) Uncontaminated Water	Sample	Eutoineonei-aktet	e data is data kan kale i	#(E/4606;WACE)	No floating solids in the	receiving water.		Sat Rights	_	1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than	trace amounts, in the receiv	ing water.		0	1/discharge	Rec. Water
Change 20 miles	Permit	ette per Anti-Asia	zamowa Kalen	Almy Alministra	No floating solids in the	No floating solids in the receiving water.				1/month	Visual
April - June	Requirement				No foam, in other than	trace amounts, in the receiv	ing water.			1/discharge	Rec. Water
(017) Water Flooding Discharges	Sample		Selfag Establish	Walter Salah							
FREE OIL, FOAM, FLOATING	Measurement					No Discharge					1 F
SOLIDS*	Permit	And Spanish	tering factor gins		No free oil or floating solids in the receiving water.					1/month	Visual
April - June	Requirement				No foam, in other than	trace amounts, in the receiv	ing water.	Alexander State	134.50	1/discharge	Rec. Water
(018) Laboratory Wastes	Sample	deletifications.		Windship was		N/A				1/month	Visual
FREE OIL, FOAM, FLOATING SOLIDS	Measurement				(refer to pr	oduced water red	quirements)		0	1/discharge	Rec. Water Visual
(commingled with produced water)	Permit	Chipsi Hest (S	s as a few all last	SALES EN	No free oil or floating s	olids in the receiving water.				1/month	
April - June	Requirement				No foam, in other than trace amounts, in the receiving water.			Andre Control	1999/199	1/discharge	Rec. Water
(020) Muds, Cuttings, Cement at Sea Floor	Sample	htsania.									
FLOOR FREE OIL, FOAM,	Measurement				No Discharge				44	Visual	
FLOATING SOLIDS	Permit	Calabi Benda SA			No free oil or floating s	olids in the receiving water.				1/month	Rec. Water
April - June	Requirement				No foam, in other than	trace amounts, in the receiv	ring water.		1000000	1/discharge	Rec. vvaler
(021) Hydrotest Water *	Sample										
FLOW RATE / FREE OIL, FOAM	Measurement			Monthly		No Discharge			2000	1/month	Estimate /
FLOATING SOLIDS	Permit	PASSAGE PASSAGE	as a first see this	Average	4	solids in the receiving water.				The state of the s	Visual Dayligh
April - June	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the recei			1.50	1/discharge	Visual Dayligh
(021) HYDROTEST WATER	Sample	Balan Jahat Maraha				No	No				
CHLORINE	Measurement					Discharge	Discharge	_ ug/L		1/month	
	Permit	44.18.00					N1 / A			1/discharge	Grab
April - June	Requirement					N/A	N/A	TELEPHONE	1	DATE	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	LTY OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHMEN	ITS WERE PREPARED UNDER			TELEPHONE		DATE	
		MY DIRECTION OR SUPE	ERVISION IN ACCORDANCE WIT	TH A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	100	4				
		PERSONNEL PROPERLY	GATHER AND EVALUATE THE	INFORMATION SUBMITTEE	BASED ON MY INQUIRY OF THE	MI KKG	ls	(562) 628	1526	07 22	2014
Jim Guion		PERSON OR PERSONS V	WHO MANAGE THE SYSTEM, O	R THOSE PERSONS DIREC	TLY RESPONSIBLE FOR	1	National Control of the Control of t	(302) 020	-1020	01 22	2017
Executive Vice President,		GATHERING THE INFOR	MATION, THE INFORMATION SU	JBMITTED IS, TO THE BEST	OF MY KNOWLEDGE AND		LIOT Manager				
Chief Operating Officer		BELIEF, TRUE, ACCURAT	TE, AND COMPLETE. I AM AWAR	RE THAT THERE ARE SIGN	FICANT PENALTIES FOR	Marina Robertsor	i, HSE Manager			_	
		SUBMITTING FALSE INF	ORMATION INCLUDING THE PO	SSIBILITY OF FINE AND IM	PRISONMENT FOR KNOWING			1		MONTH	DAY/YEAR
		VIOLATIONS, SEE 18 U.S	S.C. & 1001 AND 33 U.S.C. & 131	9. (PENALTIES UNDER THE	SE STATUTES MAY INCLUDE	Signature of PRINCIPAL E		Area		I WON I FA	DATHEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AN	O OR MAXIMUM IMPRISONMEN	IT OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZE	D AGENT	Code Nu	mber		

<sup>\*</sup> See Chemical Inventory, if discharged.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

022 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

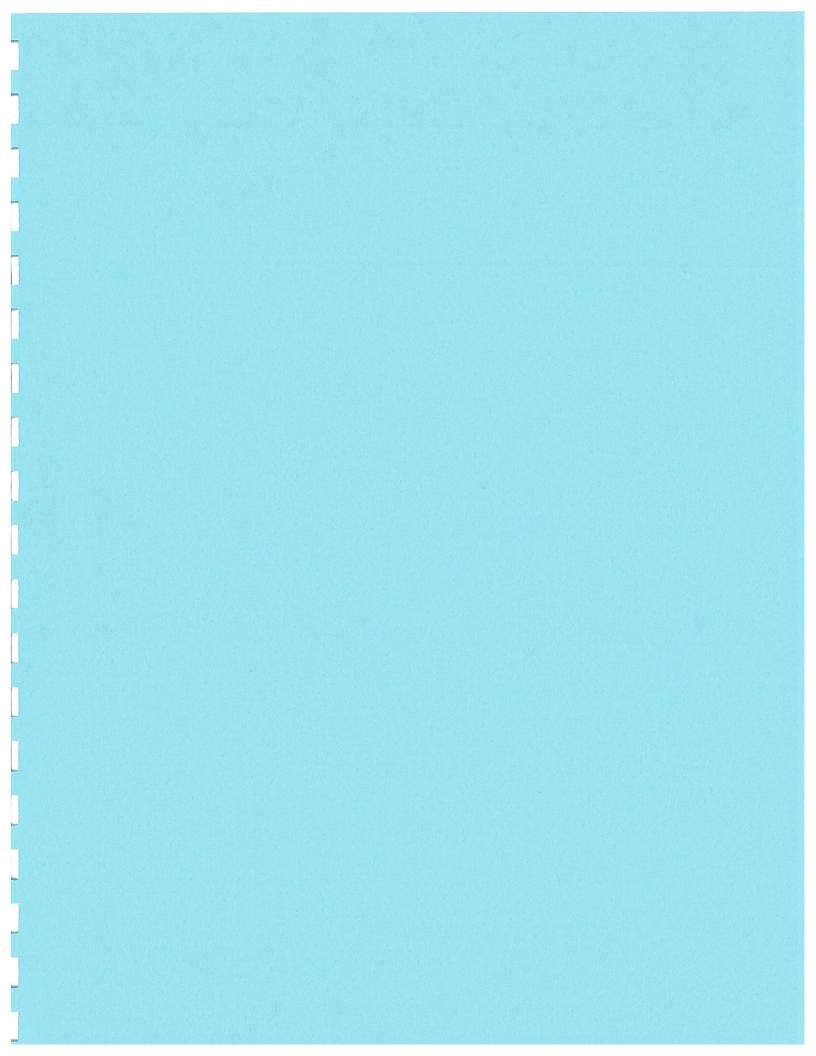
MONITORING PERIOD								
,	YR	MO	DAY	YR	MO	DAY		
	Fr	om: 14 (	04 01		To: 14	06 30		

# **H2S Gas Processing Waste Water**

NOTE: Read instructions before completing this form.

PARAMETER		***************************************	Quantity or Lo	oading		Quality or Co	oncentration		NO. EX.	Frequency Analysis	Sample Type
FAIVABLIER		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly						1/discharge	Estimate
April - June	Permit Requirement	Report		Average bbl/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement					No Discharge				1/discharge	Visual - Daylight
April - June	Permit Requirement				No free oil or floating solids in the receiving water.  No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants <sub>1</sub>	ergents, Dispersants <sub>1</sub> Sample Measurement Minimized				0						
	Permit Requirement					Minimize					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		4	TY OF LAW THAT THIS DOCUME		TS WERE PREPARED UNDER		a	TELEPHON	E	DATE	
Jim Guion		NY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. PERSON OR PERSONS WHO MAIAGE THE SYSTEM, OR THOSE PERSONS DIRECT			D ASSURE THAT QUALIFIED  BASED ON MY INQUIRY OF THE TLY RESPONSIBLE FOR OF MY KNOWLEDGE AND	m. Plu	da	(562) 628	3-1526	07 22	2014
Executive Vice President, Chief Operating Officer		BELIEF, TRUE, ACCURATE	MATION, THE INFORMATION SU E, AND COMPLETE. I AM AWAR DRMATION INCLUDING THE POS	E THAT THERE ARE SIGNI	FICANT PENALTIES FOR PRISONMENT FOR KNOWING	Marina Robertson		Aroa		MONTH/E	AV/YEAR
TYPED OR PRINTED			.C. & 1001 AND 33 U.S.C. & 1319 OR MAXIMUM IMPRISONMENT			Signature of PRINCIPAL E OFFICER or AUTHORIZED		Area Code N	umber	MONTHE	, (, , L/u)

<sup>&</sup>lt;sup>1</sup> Any detergents, dispersants, or surfactants used are either included with sanitary and domestic discharges or produced water discharges.



# Attachment 2 Chemical Inventory

# ATTACHMENT 2 PLATFORM ELLY MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY April 1, 2014 through June 30, 2014

Fluid Type  009 Non-contact Cooling Water	<u>Volume</u> (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe <sub>1</sub> Concentration (mg/l)
April May June	5,143	Chlorine Chlorine Chlorine	0.13 0.19 0.13	0.6 0.9 0.6
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>&</sup>lt;sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

# Attachment 4

# Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports



May 13, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
	Platform Elly / Ellen	End of Pipe
April 30, 2014 @ 0730 hrs	Non-Contact Cooling Water Outlet West Seawater Pump	0.058 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS



August 13, 2013

# **Quality Control**

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
August 12, 2013	(EPA Method 330.5)

LTS meter (SN 041200088375) 2.78 mg/l LTS meter (SN 12040E195572) 2.74 mg/l

RT Corporation test sample:

Certified Value 2.35 mg/l (+/-.0508) Standard Deviation 0.208 mg/l

Acceptance Limits 1.73 -2.98 mg/l

Method Blank < 0.05 mg/l LTS Lead Technician: Mike Apple

S.G. Lawry

Environmental Specialist

President, LTS

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# Platform Eureka Attachment 1

EPA DMR PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

		MC	NITORIN	G PERIC	)D		DRILLING FLUIDS AND DRILL CUTTINGS (001)
Y	/R	MO	DAY	YR	MO	DAY	
L	Fre	om: 1	4 04 01		To:	14 06 30	

NOTE: Read instructions before completing this form.

DADAMETED			Quantity or Lo	ading		Quality or Concentration				Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	EX.		
DRILLING FLUIDS VOLUME  Well # N / A	Sample Measurement		No Discharge	Barrels/							
April	Permit Requirement		Report	Well						1/well 1/day	Estimate
Vell # N / A	Sample Measurement		No Discharge	Barrels/							
May	Permit Requirement		Report	Well					9-11-11	1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/						1/well	Estimate
June	Permit Requirement		Report	Well						1/day	Estilliate
Quarterly Total	Sample Measurement		0	Barrels/ Quarter					0		
04/01/14 - 06/30/14	Permit Requirement		Report	Quarter							
Annual Cumulative	Sample Measurement		0	Barrels/					0		
Volume Limit <sub>1</sub> 03/01/14 - 02/28/15	Permit Requirement		36,650	Year							
								TELED	HONE	DA	 TE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Jim Guion  Executive Vice President,		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR				m. Ps	to	TELEPHONE (562) 628-1526		07 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURA	RMATION, THE INFORMATION SUB TE, AND COMPLETE. I AM AWARE FORMATION INCLUDING THE POSS	THAT THERE ARE SIGNIFIC		Marina Robertso	n, HSE Manager				
TYPED OR PRINTED		VIOLATIONS, SEE 18 U	S.C. & 1001 AND 33 U.S.C. & 1319. ND OR MAXIMUM IMPRISONMENT:	(PENALTIES UNDER THESE	STATUTES MAY INCLUDE	Signature of PRINCIPAL EXE		Area Code	Number	MONTH/DAY/YE	AR

<sup>&</sup>lt;sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG2	80000
PERM	T NO.

001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

 	MC	NITORIN	IG PERI	OD		
 YR	MO	DAY	YR	MO	DAY	
 Fr	om: 14	04 01		To: 14	06 30	

NOTE: Read instructions before completing this form.

DRILLING FLUIDS AND DRILL CUTTINGS (001)

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME Vell # N / A	Sample Measurement		No Discharge	Barrels/						1/well	Estimate
April	Permit Requirement		Report	Month						1/day	Grab
Nell # N / A	Sample Measurement		No Discharge	Barrels/							Estimate
May	Permit Requirement		Report	Month						1/well 1/day	Grab
Vell # N / A	Sample Measurement		No Discharge	Barrels/							
June	Permit Requirement		Report	Month ort						1/well 1/day	Estimate Grab
Annual Cumulative	Sample Measurement		0	Barrels/					0		
<b>Volume Limit <sub>1</sub></b> 03/01/14 - 02/28/15	Permit Requirement		13,350	Year 13,350							
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement					No Discharge		# Days Sheen			
April	Permit Requirement				Negative Static S	Sheen Test/Free Oil		Observed	vii si	1/well 1/day	Visual Visual
7,500	Sample Measurement					No Discharge		# Days Sheen			
May	Permit Requirement				Negative Static	Sheen Test/Free Oil		Observed		1/well 1/day	Visual Visual
may	Sample Measurement					No Discharge		# Days Sheen			
June	Permit Requirement				Negative Static	Sheen Test/Free Oil		Observed		1/well 1/day	Visual Visual
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENA	LTY OF LAW THAT THIS DOCUME	T AND ALL ATTACHMEN				TELEPH	HONE	DAT	TE
Jim Guion Executive Vice President,		MY DIRECTION OR SUPI PERSONNEL PROPERL' PERSON OR PERSONS	ERVISION IN ACCORDANCE WITH Y GATHER AND EVALUATE THE INI WHO MANAGE THE SYSTEM, OR	A SYSTEM DESIGNED TO FORMATION SUBMITTED. THOSE PERSONS DIRECT	ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE	m. Klis	the state of the s	(562) 628	-1526	07 22	2014
Chief Operating Officer		GATHERING THE INFOF BELIEF, TRUE, ACCURA	RMATION, THE INFORMATION SUB TE, AND COMPLETE: I AM AWARE	MITTED IS, TO THE BEST	OF MY KNOWLEDGE AND FICANT PENALTIES FOR	Marina Robertsor	n, HSE Manager				
TYPED OR PRINTED		SUBMITTING FALSE INF	FORMATION INCLUDING THE POSS S.C. & 1001 AND 33 U.S.C. & 1319. FOR MAXIMUM IMPRISONMENT	IBILITY OF FINE AND IMP (PENALTIES UNDER THE DE BETWEEN 8 MONTHS	PRISONMENT FOR KNOWING SE STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIPAL EXECT		Area Code N	lumber	MONTH/DAY/YEA	AR

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

		MC	NITORI	NG PERI	OD		
	YR	MO	DAY	YR	MO	DAY	
L	Fi	om: 14	04 01		To: 14	4 06 30	

NOTE: Read instructions before completing this form.

DRILLING FLUIDS AND DRILL CUTTINGS (001)

			Quantity or Lo	pading	Quality or Concentration	NO. EX.		Frequency Analysis	Sample Type
PARAMETER		Average Maximum Units Maximum		Units					
DRILLING FLUIDS	Sample Measurement				N/A	% by		(0.000) 10(-1)	
VELL No.	Permit Requirement				LC50 > 3% SPP	Volume		(0-80%) Well Footage	Grab
DRILLING FLUIDS	Sample Measurement				N/A	% by		(00,4000()) \M(0)	
VELL No.	Permit Requirement				LC50 > 3% SPP	Volume		(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N/A				
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N/A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL	Sample Measurement				N/A			Each Mud	
WELL No.	Permit Requirement				Report			System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N/A			#Dava	
EACH DRILLING 1 LOID	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE  1. Oil-based Fluids					N/A			N/A	
Diesel Oil     Non-aqueous based drilling fluid	s or cuttings				No Discharge			N/A DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<u> </u>	I CERTIFY UNDER PENA	LTY OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHMENTS	S WERE PREPARED UNDER	TELEP	HONE	DATE	
Jim Guion Executive Vice President,	MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT COULLIFIED  PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY WINDLY OF THE  PERSON OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR				(562) 62	8-1526	07 22	2014	
Chief Operating Officer		1	RMATION, THE INFORMATION SU TE, AND COMPLETE: I AM AWAR FORMATION INCLUDING THE PO		CANT PENALTIES FOR RISCHMENT FOR KNOWING			A CONTRACTOR OF A CONTRACTOR O	
TYPED OR PRINTED	)	VIOLATIONS, SEE 18 U	S.C. & 1001 AND 33 U.S.C. & 131 ND OR MAXIMUM IMPRISONMEN	9. (PENALTIES UNDER THES	·	Area Code	Number	MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

002 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORIN	IG PER	IOD			
YR MO DAY YR MO DAY							
F	rom: 14	04 01		To: 14	06 30		

PRODUCED WATER (002) (commingled at Platform Elly)

NOTE: Read instructions before completing this form.

NO. | Frequency | Sam

PARAMETER			Quantity or Lo	pading		Quality or Co	oncentration		NO. EX.		Sample Type
FARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		• .
PRODUCED WATER FLOW RATE	Sample Measurement	No Discharge									
(commingled at Platform Elly) April - June	Permit Requirement									1/day	Estimate
QUARTERLY ÁVERAGE Volume		No Discharge									
										1/quarter	Estimate
ANNUAL CUMULATIVE Volume <sub>1,2</sub>	Sample Measurement		0	Barrels/							
03/01/14 - 02/28/15	Permit <sub>1</sub> Requirement		10,950,000	Year							
PRODUCED WATER OIL & GREASE	Sample Measurement					No Discharge	No Discharge	e mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab
						N/A	N/A				
Enforceable Limits:	8.2										
PRODUCED WATER QUARTERLY CONSTITUENTS						No Discharge	No Discharge			4/	
										1/month for 1 year	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R	I CERTIFY UNDER PENALTY OF	LAW THAT THIS DOCUMENT AN	D ALL ATTACHMENTS WE	ERE PREPARED UNDER		۸	TELEP	HONE	U/	ATE
Jim Guion Executive Vice President,		PERSONNEL PROPERLY GATHE	IN IN ACCORDANCE WITH A SYSTEM AND EVALUATE THE INFORMALIANGE THE SYSTEM, OR THOS	ATION SUBMITTED. BASE	URE THAT QUALIFIED ED ON MY INQUIRY OF THE ESPONSIBLE FOR	m. Kos	the	(562) 628	3-1526	07 22	2014
Chief Operating Officer		GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR				Marina Robertson					
TYPED OR PRINTED		SUBMITTING FALSE INFORMAT VIOLATIONS, SEE 18 U.S.C. & 1 FINES UP TO \$10,000 AND OR M	ION INCLUDING THE POSSIBILI 001 AND 33 U.S.C. & 1319. (PEN IAXIMUM IMPRISONMENT OF BE		NMENT FOR KNOWING ATUTES MAY INCLUDE 5 YEARS)	Signature of PRINCIPA OFFICER or AUTHOR		Area Code Num	oer	MONTH/D	AY/YEAR

<sup>&</sup>lt;sup>1</sup> Permit volume limit applies to a combined produced water volume between platforms Eureka, Ellen, and Elly, as listed in the permit (refer to Plt. Elly DMR).

<sup>&</sup>lt;sup>2</sup> Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

CAG280000	
PERMIT NO.	

003
DISCHARGE NO.

Approved Form OMB No. 2000-0015

# Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

		٨	MONITORI	NG PERI	OD		
	YR	МО	DAY	YR	MO	DAY	
Ļ		From: 1	4 04 01		To: 14	4 06 30	

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

LOCATION: 33º 33' 49.61"LAT., 118º	06' 59.38"LO	NG.	From:	14 04 01	10:	14 06 30		NOTE: Read ins	tructions b	efore completing th	is form.
DADAMETER			Quantity or Loading			Quality or Co		1012.11044	NO. EX.	Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units			Control Control
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement		No Discharge	Barrels /							
FLOW* April	Permit Requirement		Report	Job						1 / job	Estimate
	Sample Measurement		No Discharge	Barrels /							
May	Permit Requirement		Report	Job						1 / job	Estimate
	Sample Measurement		No Discharge	Barrels /							
June	Permit Requirement		Report	Job						1 / job	Estimate
WELL TREATMENT, COMPLETION											
AND WORKOVER FLUIDS OIL AND GREASE						MONTHLY AVERAGE	DAILY MAXIMUM				
	Sample Measurement					No Discharge	No Discharge				
April	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					No Discharge	No Discharge				
May	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					No Discharge	No Discharge	mg/L			
June	Permit Requirement					29.0	42.0	TELEPHON	JE	1/job DATE	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		-	LTY OF LAW THAT THIS DOCUMENT			1	<u>a</u>	TELETTION	<u> </u>		
Jim Guion Executive Vice President, Chief Operating Officer  PERSONNEL PROPE PERSON OR PERSO CATHERING THE IN		PERSONNEL PROPERL	ECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUALIFIED  NINEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE  N OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR RING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND  TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR			M. V. Sule		(562) 628-1526		07 22	2014
						Marina Robertson, HSE Manager					
	VIOLATIONS, SEE 18 U	FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (FEMALTIES UNDER THESE STATUTES MAY INCLUDE			Signature of PRINCIPAL EXECUTIVE Area OFFICER or AUTHORIZED AGENT Code		Number	MONTH/	DAY/YEAR		
TYPED OR PRINTED	- 110/1/OLA		ND OR MAXIMUM IMPRISONMENT OF		D TEAKS)	TOTAL DELIC OF A DATE OF THE PERSON NAMED					

<sup>\*</sup>If present, WTCWFs are commingled with produced water and injected back into the formation.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

# DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 003 DISCHARGE NO. Approved Form OMB No. 2000-0015

# Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD										
YF	DAY									
<u></u>	From:	14 04 01		To:	14 06 30					

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

NOTE: Read instructions before completing this form.

			Quantity or Lo	ading		Quality or Co	ncentration	!	NO. EX.	Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units			1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
WELL TREATMENT, COMPLETION	Sample Measurement		1	Number of					0		
Well C-30	Permit Requirement		Report	Jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC	Sample Measurement				No Discharge		# Times Sheen				
SHEEN April	Permit Requirement				Negative Static Sheen Test - # Times observed-None			Observed		1/discharge	Grab
	Sample Measurement				No Discharge		# Times Sheen				
May	Permit Requirement				Negative Static S	Observed		1/discharge	Grab		
	Sample Measurement					No Discharge		# Times Sheen			
June	Permit Requirement				Negative Static	Sheen Test - # Times	observed-None	Observed		1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement				N/A				0	1/month	List
Chemical Inventory April - June	Permit Requirement							1/month	List		
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement				MITTER DOCUMENT INCER	T		TELEPHON	E	DATE	
Jim Guion Executive Vice President, Chief Operating Officer		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER  MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED  PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE  PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR			M. Rbut		(562) 628-1526		07 22	2014	
		GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PERALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING			CANT PENALTIES FOR	Marina Robertson, HSE Manager		Area			DAY/YEAR
TYPED OR PRINTED	FINES UP TO \$10,000 AN	S.C. & 1001 AND 33 U.S.C. & 131 IO OR MAXIMUM IMPRISONMEN	T OF BETWEEN 6 MONTHS A	ND 5 YEARS)	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Code Number				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: A job was performed on Well C-30 in June, however no fluids were discharged. A chemical inventory is available on request.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

## **DISCHARGE MONITORING REPORT (DMR)**

CA	<b>328</b>	0000	
PER	MIT	NO.	

004
ISCHARGE NO.

Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	M	ONITORI	NG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
 F	rom: 14	04 01		To: 14	06 30	

**DECK DRAINAGE (004)** 

(Commingled with rain and fire water to disposal well)

NOTE: Read instructions before completing this form.

				TOTE: NODE	NO.	Frequency	Sample				
PARAMETER			Quantity or Lo	ading		Quality or Co	oncentration	EX.		Analysis	Type
PANAMETEN			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE 1	Sample Measurement		No Discharge	Mo. Avg. bbl/day							
Commingled with fire water) April	Permit Requirement		Report							1/month	Estimate
T. C. C. C. C. C. C. C. C. C. C. C. C. C.	Sample Measurement		No Discharge	Mo. Avg. bbl/day							
Мау	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		No Discharge	Mo. Avg. bbl/day							
June	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL	Sample Measurement		No Discharge	# Days		No Discharge				Visual -	
April	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	I sheen on the receivi	ng water.			1/day	Daylight
	Sample Measurement		No Discharge			No Discharge					Visual -
May	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	I sheen on the receivi			1/day	Daylight	
	Sample Measurement		No Discharge			No Discharge					) f
June	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	al sheen on the receive	ing water.			1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS COCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER						TELEPH	ONE	DATE	
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INDUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR				m. Kil	July	(562) 62	28-1526	07 22	2014
Chief Operating Officer		GATHERING THE INFOR	MATION, THE INFORMATION SUBI TE, AND COMPLETE. I AM AWARE	MITTED IS, TO THE BEST OF THAT THERE ARE SIGNIFICATED TO SERVE AND THESE	F MY KNOWLEDGE AND CANT PENALTIES FOR	Marina Robertsor	n, HSE Manager				Managara a
		SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOW VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, (PENALTIES UNDER THESE STATUTES MAY INCLU- FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)			STATUTES MAY INCLUDE	Signature of PRINCIPAL EXECUTIVE Area OFFICER or AUTHORIZED AGENT Code Nur			Number	MONTH/DAY/YEAR	
TYPED OR PRINTED				N. PELLIERI O MONIUS V		1					

<sup>&</sup>lt;sup>1</sup> Deck drains and related rain water are sent to a disposal well and are not discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

CAG28	0000
PERMIT	NO.

005 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Г		MC	NITORIN	IG PER	IOD	
	YR	MO	DAY	YR	MO	DAY
	Fr	om: 14	04 01		To: 14	06 30

SANITARY & DOMESTIC WASTE (005)

LOCATION: 33º 33' 49.61"LAT., 11	8° 06' 59.38"LO	NG.	From:	14 04 01	10:	14 06 30	_	NOTE: Bood in	eta etione h	efore completing the	nie form
DADAMETED			Quantity or Loading			Quality or C	oncentration	NOTE. NEAU III	NO. EX.	Frequency Analysis	Sample Type
PARAMETER	Average	Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE FLOW RATE 1	Sample Measurement	56.0		Monthly					0	1/day	Estimate
April	Permit Requirement	Report		Average bbl/day						1/month	Estimate
Zþiii	Sample Measurement	75.0		Monthly					0	1/day	Estimate
Mari	Permit	Report		Average bbl/day						1/month	Estimate
May	Requirement Sample	66.0		Monthly					0	1/day	Estimate
	Measurement Permit			Average						1/month	Estimate
June SANITARY WASTE FOAM & FLOATING SOLIDS	Requirement Sample Measurement	Report	0	bbl/day # days I	No foam or floating solids in the receiving waters.				0	1/day	Visual - Dayligh
	Permit		None	observed		ng solids in the receiv				1/day	Visual - Dayligh
April	Requirement Sample		0	# days observed # days		ing solids in the receiv			0	1/day	Visual - Dayligh
	Measurement Permit		None							1/day	Visual Dayligh
May	Requirement Sample		0		No foam or floating solids in the receiving waters.				0	1/day	Visual Dayligh
	Measurement Permit		None	observed						1/day	Visual Dayligh
June	Requirement		None		NO IOAM OF HOAD	ing deliae in the recei					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   I CERTIFY UNDER			RTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER					TELEPHON	NE	DATE	
Jim Guion		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS I	RVISION IN ACCORDANCE WIT GATHER AND EVALUATE THE WHO MANAGE THE SYSTEM, O	TH A SYSTEM DESIGNED TO INFORMATION SUBMITTED. IR THOSE PERSONS DIRECT	BASED ON MY INQUIRY OF THE	M. 1	berk	(562) 62	8-1526	07 22	2014
Executive Vice President, Chief Operating Officer		GATHERING THE INFOR BELIEF, TRUE, ACCURAT SUBMITTING FALSE INF	SATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND  ELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR  SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING				n, HSE Manager				
· · · · · · · · · · · · · · · · · · ·		1	110/03-552-100/05-4-7/100-5-05-5-1			Signature of PRINCIPAL EXECUTIVE Area OFFICER or AUTHORIZED AGENT Code		Number	MONTH/DAY/YEAR		

<sup>&</sup>lt;sup>1</sup> Sanitary includes restroom sinks, showers and toilets.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

### DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

005 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD									
YR	MO	DA	YR	МО	DAY				
Fron	n: 14 04	01		To: 1	4 06 30				

SANITARY & DOMESTIC WASTE (005)
(Domestic laundry separate from sanitary)

LOCATION: 33° 33° 49.61 LAT., 116	00 00.00 00			14 04 01 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NOTE: Read	I instructio	ns before comple	ting this form.
PARAMETER			Quantity or	Loading	Quality or Concentration			NO. EX.		Frequency Analysis	Sample Type
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units		-	
SANITARY WASTE RESIDUAL	Sample Measurement				N/A	N/A	N/A		0		
CHLORINE <sub>1,2</sub> April	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				8.8	N/A	8.8		0	Monthly	Grab
May	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				N/A	N/A	N/A		0		
June	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE 3	Sample Measurement	No Discharge		Monthly							
April	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	No Discharge		Monthly							
May	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	No Discharge		Monthly						1/month	Estimate
June	Permit Requirement	Report		Average bbl/day						imonui	Estimate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF			S WERE PREPARED UNDER	L Of		TELEPHO	DNE	DATE	
Jim Guion Executive Vice President,		1	PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR			Mr. Kor	W.	(562) 628-1526		07 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE, AND SUBMITTING FALSE INFORMA			ICANT PENALTIES FOR	Marina Robertson	n, HSE Manager				
TYPED OR PRINTED		VIOLATIONS, SEE 18 U.S.C. & S	1001 AND 33 U.S.C. & 1319.   WAXIMUM IMPRISONMENT C	PENALTIES UNDER THES	SE STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIPAL OFFICER or AUTHORIZE		Area Code	Number	MONTH/	DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>2</sup> The chlorine residual result reported in May was taken as part of the annual Marine Sanitation Device (MSD) inspection.

<sup>&</sup>lt;sup>1</sup> The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

<sup>&</sup>lt;sup>3</sup> Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

CAG280000	
PERMIT NO.	

00	5
DISCHARO	SE NO.

Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD										
YR	MO	DAY	YR	MO	DAY					
 Fr	om: 14 (	04 01		To: 1	4 06 30					

SANITARY & DOMESTIC WASTE (005) (Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

	Maximum  No Discharge  None  No Discharge  None  No Discharge	# of Days Observed	Minimum  No foam or floating  No foam or floating	Average  No Discharge  solids in the receiving visit of the receivin	Maximum waters.	Units		1/day	Visual - Daylight
	None No Discharge None	# of Days Observed		solids in the receiving v	waters.			1/day	The state of the s
	No Discharge None	# of Days Observed		No Discharge	waters.			1/day	The state of the s
	None	Observed	No foam or floating						A CARLON CONTRACTOR
			No foam or floating					211	
	No Discharge			solids in the receiving	waters.			1/day	Visual - Daylight
				No Discharge					- VII
	None	Observed	No foam or floating	solids in the receiving	waters.			1/day	Visual - Daylight
ERTIFY UNDER PENALT	TY OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHME	NTS WERE PREPARED UNDER	_		TELEPHO	NE	DATE	
MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED  PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INCURRY OF THE  PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  GATHERINS THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND  BELIEF TRIST. ACCIDATE AND COMMETE, IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR				Marina Robertson, HSE Manager		(562) 62	8-1526	07 22	2014
SEMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, (PENALTIES LINCER THESE STATUTIES MAY INCLUDE FINES UP TO 510,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 8 MONTHS AND 5 YEARS)				Signature of PRINCIPAL EXECUTIVE Area OFFICER or AUTHORIZED AGENT Code		Area		MONTH/D	AY/YEAR
Y DII ERS ERS ATH	IRECTION OR SUPE SONNEL PROPERLY SON OR PERSONS V HERING THE INFORI EF, TRUE, ACCURAT MITTING FALSE INFO ATIONS, SEE 18 U.S.	IRECTION OR SUPERVISION IN ACCORDANCE WITH SONNEL PROPERLY GATHER AND EVALUATE THE IR SON OR PERSONS WHO MAYAGE THE SYSTEM. OF HERING THE INFORMATION, THE INFORMATION SU SF, TRUE, ACCURATE, AND COMPLETE. I AM AWAR MITTING FALSE INFORMATION INCLUDING THE PO!	IRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED T SONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED SON OR PERSONS WHO MAYAGE THE SYSTEM. OR THOSE PERSONS DIREC HERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BES SF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGN MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IN	SOUNCE, PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE SOULOR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR HERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY INVOWLEDGE AND SF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	IRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED  SONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INCURRY OF THE  BON OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  HERING THE INFORMATION, THE INFORMATION SUBMITTED IS. TO THE BEST OF MY KNOWLEDGE AND  SF. TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR  MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	IRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED SONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INCURRY OF THE BOY OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR HERRING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND SF. TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	INSECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNABLY TO ASSURE THAT CUALIFIED  SONNEL PROPERLY GATHER AND DAULUATE THE INFORMATION SUBMITTED DASED ON MY INDURY OF THE  SON OR PERSONS WHO MANAGE THE GYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  HERING THE PRFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY INNOVILEDGE AND  SF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR  MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	IRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED  SONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INCURRY OF THE  BOY OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  HERING THE INFORMATION, THE INFORMATION SUBMITTED IS. TO THE BEST OF MY KNOWLEDGE AND  SF. TRUE, ACCURATE, AND COMPLETE. I AM AVARE THAT THERE ARE SIGNIFICANT PENALTIES FOR  MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING  A 5.0.  A 5	INSTITUTION OF SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNATED ASSERT THAT QUALIFIED SOUNCE, PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INCUDIRY OF THE SOUNCE PREPROXIS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR HERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY NOWLEDGE AND SEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR MITTING FALSE INFORMATION INCUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING ATTOMS. SEE 18 U.S. C. & 1001 AND 33 U.S. C. & 1019, IPPNALTIES UNDER THESE STATUTES MAY INCLUDE  SIGNATURE OF PRINCIPAL EXECUTIVE  AFEA  MONTH/D

<sup>&</sup>lt;sup>1</sup> Domestic waste (as laundry) is sent to a disposal well and not discharged. Domestic waste from sinks and showers is reported under Sanitary discharges.

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

CAG280000 PERMIT NO. 008 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORIN	NG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
F	rom: 14	04 01		To: 14	1 06 30	

FIRE CONTROL WATER (008) (deluge commingled with deck drains)

NOTE: Read instructions before completing this form. NO. Frequency Sample Quality or Concentration Quantity or Loading Type EX. Analysis PARAMETER Maximum Units Average Units Minimum Average FIRE CONTROL SYSTEM TEST WATER Sample No Discharge No Discharge # Days (008) - FOAM, FLOATING SOLIDS 1 Measurement Visual -No floating solids in the receiving water. Observed (deluge commingled with deck drains) Permit 1/day Daylight No foam, in other than trace amounts, in the receiving water. None April Requirement Visual -Sample No Discharge No Discharge # Days Measurement Visual -Observed No floating solids in the receiving water. Permit 1/day Daylight No foam, in other than trace amounts, in the receiving water. None May Requirement Sample No Discharge # Days No Discharge Measurement Visual -Observed No floating solids in the receiving water. Permit No foam, in other than trace amounts, in the receiving water. 1/day Daylight None Requirement June Daily Monthly Maximum Average FIRE CONTROL SYSTEM Sample N/A N/A mg/L TEST WATER (008) CHLORINE 2 Measurement Permit Grab N/A 1/month N/A April - June Requirement Sample Measurement Permit Requirement FIRE CONTROL SYSTEM TEST WATER Sample List N/A 1/month Chemical Inventory 2 Measurement April - June Permit List 1/month Report Requirement TELEPHONE DATE CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion 2014 22 (562) 628-1526 07 Executive Vice President, Chief Operating Officer Marina Robertson, HSE Manager MONTH/DAY/YEAR Signature of PRINCIPAL EXECUTIVE Area Code Number OFFICER or AUTHORIZED AGENT FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)

<sup>&</sup>lt;sup>1</sup> Fire water is commingled with deck drains and sent to a disposal well and is not discharged.

<sup>&</sup>lt;sup>2</sup> Fire water is not chlorinated or chemically treated.

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

CAG280000 PERMIT NO. 009 DISCHARGE NO. Approved Form OMB No. 2000-0015

### Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORIN	IG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
 F	rom: 14	04 01		To: 14	4 06 30	

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

NOTE: Read instructions before completing this form.

								NOTE. Read II		s before completii	
PARAMETER			Quantity or L	oading		Quality or 0	Concentration	<u>,,</u>	NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER	Sample Measurement		68,571	Barrels/					0	1/month	Estimate
FLOW VOLUME April	Permit Requirement		Report Day						1/month	Estimate	
	Sample Measurement		68,571	Barrels/					0	1/month	Estimate
May	Permit Requirement		Report	Day						1/month	Estimate
	Sample Measurement		68,571	Barrels/					0	1/month	Estimate
June	Permit Requirement		Report	Day						1/month	Estimate Visual -
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER	Sample Measurement		0	# Days Observed # Days Observed	No floating solids in the receiving water.  No foam in the receiving water.				0	1/day	Daylight Visual -
OAM/FLOATING SOLIDS April	Permit Requirement		None		No floating solids in the receiving water.  No foam in the receiving water.					1/day	Daylight Visual -
	Sample Measurement		0		No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Daylight
May	Permit Requirement		None		No floating solids in the receiving water.  No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement		0		No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
June	Permit Requirement		None	Observed	No floating solids in the receiving water.  No foam in the receiving water.					1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	TY OF LAW THAT THIS DOCUM	MENT AND ALL ATTACHMEN	'S WERE PREPARED UNDER			TELEPHON	E	DATE	
Jim Guion Executive Vice President, Chief Operating Officer		PERSONNEL PROPERLY PERSON OR PERSONS V GATHERING THE INFORM	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INDURINY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY NOWILEDGE AND BEIEF TIBLE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR  MARITIAR RODERTSON, HSE MANAGES			(562) 628	(562) 628-1526 07 22 2		2014		
TYPED OR PRINTED		SUBMITTING FALSE INFO	E, AND COMPLETE. FAM AWAI DRMATION INCLUDING THE PC E.C. & 1001 AND 33 U.S.C. & 131 DOR MAXIMUM IMPRISONMEN	OSSIBILITY OF FINE AND IMP 19. (PENALTIES UNDER THE	SE STATUTES MAY INCLUDE	Signature of PRINCIPA OFFICER or AUTHORI	L EXECUTIVE	Area Code Nu	ımber	MONTH	DAY/YEAR

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### **DISCHARGE MONITORING REPORT (DMR)**

CAG280000
PERMIT NO.

009 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD										
YF	R MO	DAY	YR	MO	DAY					
	From: 14	04 01		To:	14 06 30					

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

NOTE: Read instructions before completing this form.

	Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units		_	
Sample Measurement					0.0015	0.0015	mg/L	0	1/quarter	Grab
Permit					0.00505	0.0403			4/	Canh
Requirement					0.00585	0.0102			1/quarter	Grab
Permit Requirement										
Sample Measurement				See Atta	chment #2 Chemic	al Inventory		0	1/quarter	List
Permit Requirement					Report				1/quarter	List
		***************************************								
,										
	I CERTIFY UNDER PENALT	TY OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMENTS	WERE PREPARED UNDER			TELEPHONE	<u> </u>	DATE	<u> </u>
Jim Guion Executive Vice President, Chief Operating Officer		GATHER AND EVALUATE THE IN	IFORMATION SUBMITTED. E THOSE PERSONS DIRECTL	ASED ON MY INQUIRY OF THE Y RESPONSIBLE FOR	m. De	tu	(562) 62	8-1526	07 22	2014
	SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMPR	RISONMENT FOR KNOWING	Signature of PRINCIPAL E.	XECUTIVE	Area Code	Number	MONTH/E	DAY/YEAR
	Permit Requirement  Permit Requirement  Permit Requirement Sample Measurement Permit	Sample Measurement Permit Requirement  Permit Requirement Sample Measurement Permit Requirement Permit Requirement  Permit Requirement  Sumple Measurement Permit Requirement  Permit Requirement  VIOLATION OF SUPER  UNDERTIFY UNDER PENALT  MY DIRECTION OF SUPER PERSONIGH PROPERLY PERSONIGH PROPERLY PERSONIGH PROPERLY SUBMITTING FALSE INFORM BELIEF, TRUE, ACCURATE SUBMITTING FALSE INFORM SUBMITTING FALSE INFORM SUBMITTING SEE 18 U.S.  VIOLATIONS SEE 18 U.S.	Average  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Output  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  Outpu	Average Units  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  I CERTIFY UNDER PERMATY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS  MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO J  PERSONIOR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTL  GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST C  BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFI SUBMITTING FALSE INFORMATION INCLIDING THE POSSIBILITY OF FINE AND IMPR  VIOLATIONS SEE 18 U.S. C. & 1001 AND 33 U.S. C. & 1319, IPENALTIES UNDER THESE	Average Units Minimum  Sample Measurement  Permit Requirement  Sample Measurement  Sample Measurement  See Attact  Permit Requirement  Sample Measurement  Permit Requirement  Series Attact  Permit Requirement  See Attact  Permit Requirement  Icertify under pelality of Law That This Document and all attachments were prepared under my oligingtion or supervision in accordance with a system designed to a saure that collise of the Pergonnet Pergon	Average  Sample Measurement Permit Requirement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Semple Measurement  Permit Requirement  See Attachment #2 Chemic  Report  I GERIEY LIDGER PPULTY OF LAW THAT THIS DOOUMENT AND ALL ATTACHMENTS WERE PREPARED LIDGER  WY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT DUALIFED  PERSONNEL, PROPERLY CATHERS AND DEMALATE THE REFORMATION SUBMITTED LISES ON MY MOUNTY OF THE  PERSONNEL, PROPERLY CATHERS AND DEMALATE THE REFORMATION SUBMITTED LISES ON MY MOUNTY OF THE  GERGON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR  CATHERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THE SESSIBLE THAT DIRECTLY AND THE SYSTEM.  MARTING ARE SYSTEM.  SIGNATING ASSET SHOW ON THE SYSTEM OR THE STATUTES MAY NICLICE  SIGNATING OF PRINCIPAL EXTENDED.	Average Units Minimum Average Daily Maximum  Sample Measurement 0.00015 0.0015  Permit Requirement 0.000585 0.0102  Permit Requirement 0.000585 0.0102  Permit Requirement 0.000585 0.0102  Permit Requirement 0.000585 0.0102  Permit Requirement 0.000585 0.0102  Report 0.000585 0.00002  See Attachment #2 Chemical Inventory Permit Requirement 0.0005865 0.00000000000000000000000000000000000	Average Units Minimum Average Maximum Units  Sample Measurement Permit Requirement  Permit Requirement  Sample Measurement Permit Requirement  See Attachment #2 Chemical Inventory Requirement  Requirement  Austral Chemical Inventory Report  TELEPHON  ***TELEPHON**  ***TELEPHO	Average Units Minimum Monthly Daily Maximum Units  Sample Measurement Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  Sample Measurement Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  See Attachment #2 Chemical Inventory  Permit Requirement  Requirement  Termit Requirement  Permit Requirement  Permit Requirement  Termit	Average Units Minimum Average Maximum Units  Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit

Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

**Blowout Preventer Fluids** 

Desalination Unit

Approved Form OMB No. 2000-0015

CAG280000 PERMIT NO.

006,007,010,011,012,013,014 DISCHARGE NO.

> Bilge Water Boiler Blowdown

Test Fluids

Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

Ballast/Storage Displacement

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD								
YR	MO	DAY	YR	MO	DAY			
 From: 14 04 01				To: 1	4 06 30			
 	OIII. 14	04 01		10: 14	4 05 30			

	Quantity or Loading		Quality or Concentration		Quality or Concentration		NO.		Sample Type	
	Average	Maximum	Units	Minimum	Average	Maximum	Units	<u>س</u> ر.	Allalysis	Type
Sample						1			w	
Measurement					No Discharge					
Permit				No free oil or floating so	lids in the receiving water.		1		1/month	Visual
Requirement				No foam, in other than t	race amounts, in the receiving v	vater.			1/discharge	Rec. Water
Sample				1						
Measurement	_				No Discharge					
Permit				No floating solids in the	receiving water.				1/month	Visual
Requirement				No foam, in other than t	race amounts, in the receiving v	vater.			1/discharge	Rec. Water
Sample										
Measurement			Monthly		No Discharge					
Permit			Average	No free oil or floating so	olids in the receiving water.		1		1/month	Estimate /
Requirement	Report		bbl/day			vater.				Visual Daylight
Sample	1				· · · · · · · · · · · · · · · · · · ·		1			1
Measurement			Monthly		No Discharge		1			ļ
Permit			Average	No free oil or floating so	olids in the receiving water.		1		1/month	Estimate
Requirement	Report		bbl/day	1				1/discharge		
Sample									- III-III-IIII	
Measurement					No Discharge					l
Permit				——————————————————————————————————————		1		1/month	Visual	
Requirement		i		_		vater.			1/discharge	Rec. Water
Sample					· · · · · · · · · · · · · · · · · · ·					
Measurement			Monthly		No Discharge				:	
Permit			Average	No free oil or floating so	olids in the receiving water.		1		1/month	Estimate /
Requirement	Report		bbl/day	No foam, in other than t	trace amounts, in the receiving v	vater.			1/discharge	Visual Dayligh
Sample						· · · · · · · · · · · · · · · · · · ·	******************			1
Measurement					No Discharge					
Permit				No free oil or floating so	olids in the receiving water.		7		1/month	Visual
Requirement				1		vater.			1/discharge	Rec. Water
	I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMENT				TELEPHONE	L	DATE	1
	MY DIRECTION OR SUPER	VISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	(A)	1				
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	Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement	Sample Measurement Permit Requirement Sample Measurement Permit Requirement Requirement Sample Measurement Permit Requirement Requirement Requirement Permit Requirement Requirement Permit Requirement Requirement Requirement Sample Measurement Permit Requirement Requirement Sample Measurement Permit Requirement Requirement Permit Requirement Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement	Average Maximum  Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Permit Requirement Requirement Permit Requirement Sample Measurement Permit Requirement Requirement  I CERTIEV UNDER PENALTY OF LAW THAT THIS DOCUME MY DIRECTION OR SUPERVISION IN ACCORDUNCE WITH PERBONICH PROPERLY GATHER AND EVALUATE THE IN- PERBONICH PROPERLY GATHE	Average Maximum Units  Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Requirement Report bbl/day  Sample Measurement Permit Requirement Requirement Requirement Report bbl/day  Monthly Average bbl/day  Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement  Sample Measurement Permit Requirement  I CERTIEV UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT WORKSCHOON OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO PERBONICE PROPERLY GATHER AND ENALIZATE THE INFORMATION SUBMITTED IS, TO THE BEST OF GATHERING THE INFORMATION SUBMITTED IS, TO THE BEST OF SUBMITTING FALSE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FIRE AND IMPI	Average Maximum Units Minimum  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Requirement  Requirement  Report  Monthly  Average bbl/day  No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No free oil or floating so No floating so	Average Maximum Units Minimum Average  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Requirement  Sample Measurement  Requirement  Sample Measurement  Requirement  Report  Monthly  Average bbl/day  No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water. No foam, in oth	Average Maximum Units Minimum Average Maximum  Sample Measurement Permit Requirement Sample Measurement Permit Requirement No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No floating solids in the receiving water.  No foam, in other than trace amounts, in the receiving water.	Average Maximum Units Minimum Average Maximum Units  Sample Measurement Requirement Sample Measurement Requirement Requirement Requirement Requirement Requirement Requirement Requirement Report Sample Measurement Requirement Requirement Report Sample Measurement Requirement Requirement Report Sample Measurement Requirement Requirement Requirement Requirement Requirement Sample Measurement Permit Requirement Requirement Requirement Requirement Sample Measurement Permit Requirement	Quantity or Loading   Quality or Concentration   NO. EX.	Average Maximum Units Minimum Average Maximum Units  Sample Measurement

\*See Chemical Inventory, if discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 022 DISCHARGE NO. Approved Form OMB No. 2000-0015

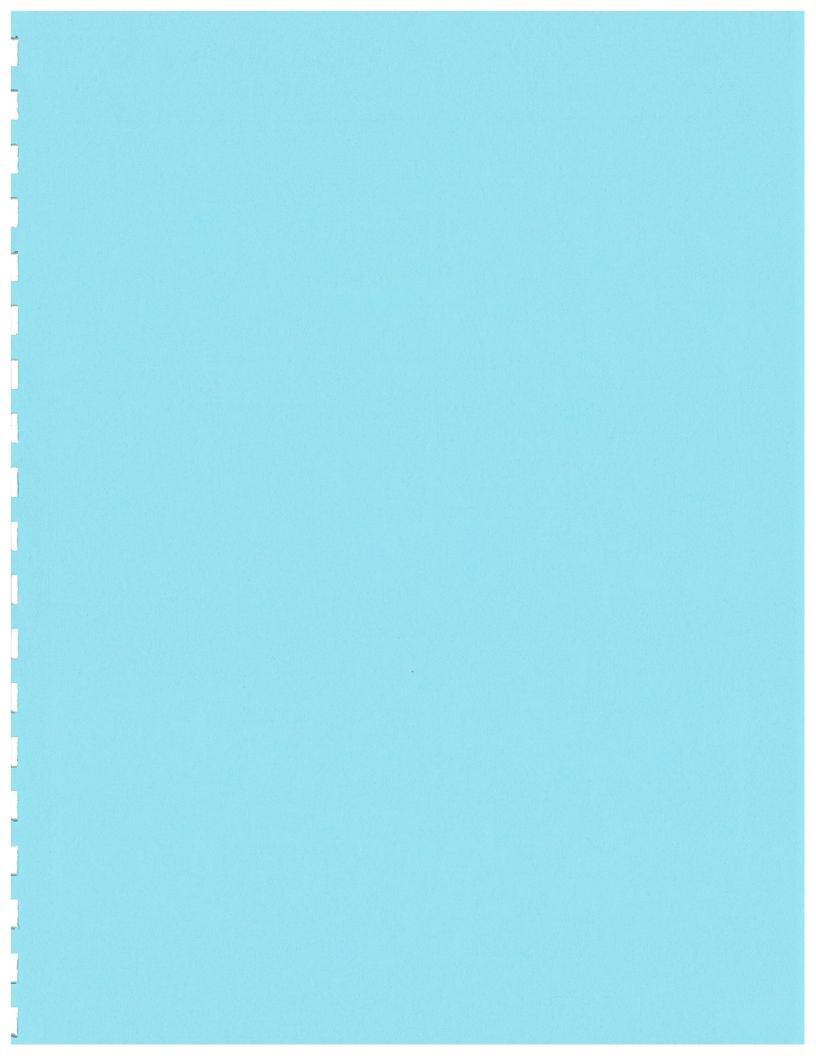
Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORIN	IG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
 From: 14 04 01				To: 14	4 06 30	

### **H2S Gas Processing Waste Water**

NOTE: Read instructions before completing this form.

DADAMETER		Quantity or Loading		Quality or Concentration			NO.	Frequency	Sample		
PARAMETER		Average	Maximum	Units	Minimum	Minimum Average Maximum		Units	EX.	Analysis	Туре
(022) H2S Gas Processing Waste Water	Sample	Average	WIEARTHERT	Onito	IVIIIIIIIIIII	/ //vorage	I MidAll Hulli	Onito			
FLOW RATE	Measurement			Monthly							
	Permit			Average	<u> </u>			1			
April - June	Requirement	Report		bbl/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water	Sample	7.000.1			<u> </u>			<b>-</b>	<b>†</b>	gc	
FREE OIL, FOAM, FLOATING SOLIDS	Measurement					No Discharge					İ
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Permit				No free oil or floating so	olids in the receiving water.		1			Visual -
April - June	Requirement				1	trace amounts, in the receivi	ng water.			1/discharge	Daylight
Surfactants, Detergents, Dispersants	Sample										
	Measurement					Minimized			0		
	Permit			1				1			
	Requirement					Minimize					
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		1	TY OF LAW THAT THIS DOCUM			n	TELEPHONE		:	DATE	
Jim Guion			RVISION IN ACCORDANCE WITH			L14/1/	7	-			
		PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY			BASED ON MY INQUIRY OF THE	MI XX	M	(500) 000	4500	07 00	0044
Executive Vice President,		PERBON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECT		LY RESPONSIBLE FOR	1.00	The Superior of State	(562) 628	-1526	07 22	2014	
Chief Operating Officer		GATHERING THE INFORM	MATION, THE INFORMATION SU	BMITTED IS, TO THE BEST	OF MY KNOWLEDGE AND						
		BELIEF, TRUE, ACCURATE	E, AND COMPLETE. I AM AWAR	E THAT THERE ARE SIGNIF	ICANT PENALTIES FOR	Marina Robertsor	n, HSE Manager	<b>_</b>			
	***************************************	SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMP	RISONMENT FOR KNOWING						
		VIOLATIONS, SEE 18 U.S.	.C. & 1001 AND 33 U.S.C. & 1319	(PENALTIES UNDER THES	E STATUTES MAY INCLUDE	Signature of PRINCIPAL E		Area		MONTH/E	DAY/YEAR
TYPED OR PRINTED  COMMENT AND EXPLANATION OF ANY VIOLE			OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZE	D AGENT	Code Nu	ımber	ļ	



## Attachment 2 Chemical Inventory

## ATTACHMENT 2 PLATFORM EUREKA MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY April 1, 2014 through June 30, 2014

Fluid Type	<u>Volume</u> (Monthly avg bbls per day)	Product Name		Estimated Chemical Quantity hly avg gal per day		Average End-of-Pipe <sub>1</sub> Concentration (mg/l)
009 Non-contact Cooling Water						
(combined with excess seawater) April May June	68,571	Chlorine Chlorine Chlorine	<	0.14 1.44 1.15	<	0.05 0.5 0.4
008 Fire Control System Water	N/A	None		N/A		N/A
013 Test Fluids	No Discharge	No Discharge		None		None
017 Water Flooding Discharges	No Discharge	No Discharge		None		None
021 Hydrotest Water	No Discharge	No Discharge		None		None

<sup>&</sup>lt;sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

# Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

### ATTACHMENT 3 PLATFORM EUREKA NON-CONTACT COOLING WATER CHLORINE RESULTS April 1, 2014 through June 30, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit <sub>1</sub> Post Dilution (mg/l)	Maximum Daily Limit <sub>1</sub> Post Dilution  (mg/l)	Result Post Dilution (mg/l)	End-of-Pipe <u>Concentration</u> (mg/l) EPA Method 330.5	EPA Plumes <u>Dilution</u>
009 Non-contact Cooling Water Sample Date: 04/30/14	Once/Quarter	0.00585	0.0102	0.0015	0.22	146:1

<sup>&</sup>lt;sup>1</sup>Limits are post-dilution as listed in the new permit, Appendix C.



May 14, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time

Location

**Total Chlorine Residual** 

(EPA Method 330.5)

End of Pipe

April 30, 2014 @ 0715 hrs

Platform Eureka Non-Contact Cooling Water Outlet

0.22 mg/l

East Seawater Pump

LTS Meter S/N: 12040E195572

Technician: Cole Jenkins

Method Blank < 0.05 mg/l (MDL)

The state of the s

S.G. Lawry

Environmental Specialist / LTS



June 23, 2014

Beta Offshore 111 West Ocean Blvd. Suite 1240 Long Beach, Ca 90802

Attn: Marina Robertson

As part of the Annual Marine Sanitation Device (MSD) Inspection, and to ensure proper operation of the device, LTS Environmental performed an EPA-approved chlorine residual on the effluent. Results of this test are as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5)
May 25, 2014 @ 1100 hrs	Platform Eureka Sewage Effluent Omnipure 12MX	8.8 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

LTS Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist /LTS



August 13, 2013

### **Quality Control**

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date August 12, 2013	Total Residual Chlorine (EPA Method 330.5)
LTS meter (SN 041200088375) LTS meter (SN 12040E195572)	2.78 mg/l 2.74 mg/l
RT Corporation test sample:	
Certified Value	2.35 mg/l (+/0508)
Standard Deviation	0.208  mg/l
Acceptance Limits	1.73 - 2.98  mg/l
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

S.G. Lawry

Environmental Specialist

President, LTS